MARGIN RESERVED FOR BINDING

OCCUPATION RECORD ERMANENT EXACTLY. classified. properly AGI supplied. Ü may 50 be back terms should 0 plain Instructions information of infort ш item OF important. CAUSE m ż

Very

STATE OF MARYLAND 1 PLAGE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Dav) (Month) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, protession, or narticular kind of work (b) General nature of Industry. business, or establishment In (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME A OF MOTHER 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death State Where was disease contracted 14 THE ABOVE IS TRUE It not at place of death? (Informant) usual residence DATE OF (Address). 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Lahorer," If the occupation has Farmer or Flanter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puraperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Trasmia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility"" ("Con thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may he stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds.: State cause for Examples:

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V. S. No. 1.

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Village or City Canton (No. 9)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temah White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	on Felisipi 3 to
(Month) (Day) (Year)	that I last saw h Erallyeon Frh 15,1913
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Saltimore leit.	(Ouration) yrs. mos. 4 ds. Contributory (Secondary) (Ouration) yrs. mos. 4 ds.
10 NAME OF Stillian J. When I berne	(Signed) Meavay, M. D. Teh 16, 1913 (Address) 839 5. Ellwood
OF FATHER (State or country) & alt eners less, 12 MAIDEN NAME OF MOTHER CONDITIONS 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Baltim on City.	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place in the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Sarah J. Church	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 9 Fifth live.	The brow DATE OF BURIAL 20 UNDERTAKER OF DESTRUCTION ADDRESS ADDRESS
Filed Med of 1913 Con of Canadag	Tilly 4d July 403 S. Wille
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman." For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalistics of lungs, meninges, peritonaeum,

such, if impossible a determine definitely. mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scosis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purperal scottchae etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. "Collapse." "Coma," "Convuisions." "Debility" ("Congenital," "Senile." etc.), "Dropsy," "Exhaustion," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Revolver wound of head-homicide; Polsoned "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of __ (name origin; "Can State cause for Examples:

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G	PLACE OF DEATH 1635 QUE	STATE OF MARYLAND CERTIFICATE OF DEATH
v	illage or City Highlandton (No. 37)	Registration Dist. No
	PULL NAME Glorge	a and oomber.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Mule White (Wide the word)	16 DATE OF DEATH 6 3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIATH Pot 27 th . 84 =	2/3/13,191 to 2/16/13,191
	(Month) (Day) (Year)	that I last saw h tunalive on 2 / 6 / 3 ,1913
TAG	yrs. 3 mos. 20 ds. or. min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b)	CCUPATION Trade, profession, or flicular kind of work General nature of industry,	Belaturaf Lolar Oneumouri
wh!	ness, or establishment in chemployed (or employer)	(Duration) yrs mos ds. Contributory July 2007 (Secondary) (Duration) yrs mos ds.
PARENTS	10 NAME OF FATHER Soy, Okl. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) , M. D
P	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs, mos ds.
14 _T	Informant, Emma ahl	Where wes disease contracted, If oot at piece of death? Former or usual residence. 19 PLASE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	Address) Jo Command	Car Jam Feb 19, 1913 20 INDERTAKER HERWY ADDRESS 9016 Philip Herwy Olleans 1
	If more blanks are needed, address State Registrar	G. E. Franklin St., Balto., Requesting A. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. ness. If retired from business, that fact may be indicausing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Civil engineer, Stationary Areman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, with are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Tuesperal septichaecause of death approved by Committee on Nomencia. scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of or HOMICIDAL, or as probably "Dropsy," ... (name origin; "Can State cause for "Exhaustion," Examples: For vio-

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W. S. No. 1.

N. B.

PERSONAL AND STATISTICAL PARTICULARS PARTICULAR (Month) (Month) (Day) (Worth (Month) (Day) (Worth (Month) (Day) (Worth (Month) (Day) (Year) The DATE OF DEATH PREEDY CERTIFY, that I attended deceased from that I last saw him alive on Living S. (Worth (Worth) (Worth (Worth) (Worth (Worth (Worth) (Worth (W	PLACE OF DEATH 1636	STATE OF MARYLAND
Village or City. PERSONAL AND STATISTICAL PARTICULARS (Month) (Day) PERSONAL AN	County Ball	ener
SEX **COLORORRACE OBJECT OF MARKET. M	Village or City Ruddle Revers	St.; Ward) [If death occurred to a hospital or institution, give its WAME lostead
Mark Washer Market Mark	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OCCUPATION (a) Frace of work OF PATHER OF PATHER OF MOTHER OF	male white or property	(Month) (Day) (Year)
TAGE When the stated above, at 15 Pm. If LESS than 1 day	Multurown,	Jany 1910, to Fely 13, 1913,
(a) Frade, profession, or particular kid of work (b) Geoeral nature of Industry, businesses, or establishment in which employed (or employer) BIRTHPLACE (State or country) Service Contributors (Secondary) (Beratlon) Yrs	7 act out Su 11 LESS than 1 day	
Contributors of Secondary 10 NAME OF FATHER Waker (Secondary) 11 BIRTHPLACE (STATE OF COUNTRY) 12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Waker Was Siesas Confracted, If the above is TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Waker Was Siesas Confracted, If the above is TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Waker Was Siesas Confracted, If the above is TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Waker Was Siesas Confracted, If the above is TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Waker Was Siesas Confracted, If the above is TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Waker Was Siesas Confracted, If the above is TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Waker Was Siesas Confracted, If the above is TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Waker Was Siesas Confracted, In the of death Water Was Siesas Confracted, In the of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the office of the water Was Siesas Confracted, In the Office of the Was Siesas Confracted, In	(a) Frade, profession, or particular kind of work (b) Geograf nature of industry, business, or establishment in	(Ouration) yrs. mos. ds.
(Signed)		(Secondary)
State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address). 15 Filed Fely 14 1813 Johnshow January REGISTRAR State the DISEABN CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accident Tall, Suicidal, or Homicidal. 16 Causes, state (1) Means of Injury; and (2) whether Accident Tall, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE of BURIAL OR REMOVAL PAGE OF BURIAL REGISTRAR ADDRESS REGISTRAR	10 NAME OF FATHER MIKELOUIS	(Signed) Atheren Harrison N.D.
OR RECENT RESIDENTS) At place Of MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuer; and (2) whether Accident
Where was disease contracted, if not at place of death? Former or usual residence. (Address). Filed. Fuly 14, 1913. Iohalo Hauson may register. Registrar Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Last Factor Ceur May 1913. ADDRESS REGISTRAR ROSSOLLE	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
Filed Fely 14, 1913 Ishalo Hauson mg Char Facon Cem hy 14, 1913 REGISTRAR Chas Facility Rossole	www aples	Where was disease contracted, If not at place of death? Former or
REGISTRAR Chas Lucky Rossole	(Clase favor Cem Try 14 1913
		Chas tucky Rossner

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Association.]

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such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-State cause for "Exhaustion," Examples: For VIO-

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1637 P	altimore Rosewo	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 33
Village or	Oll NAME Vivian Man	St; Ward) [if death occurred in a hospital or lostitution, give its MAME lostead of street and nomber.]
PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal	4 COLOR OR RACE SEINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
8 DATE OF B	(Month) (Day) (Year)	that 1 last saw h 12 alive on F 14 1913
OCCUPATIO	24 yrs. 4 mos. 4 ds. or. min.?	and that death occurred on the date stated above, st. 7 A m. The CAUSE OF DEATH* was as follows: Status Epilepticus
particular kind of (b) General natural business, or es which employed	re of industry,	(Ouration) O yrs. O mos. ods.
BIRTHPLAC (State or cou	Entry) Maryland	(Secondary) (Ouration) yrs mos ds
ш	IPLACE ATHER COUNTRY) A EW YORK	(Signed) (Address) (Address) (State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Index; and (2) whether Accuses.
13 BIRTH	PLACE OTHER Odelia Ruit PLACE OTHER r country) NEW JENSEY	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds.
(laformant)	Frank W. Kenny Ournings Milles, Migh	Where was disease contracted, No. If not at place of death? Former or usual residence. 509 Archive function for the superior of the superior
Flied Fiv.	15th 1913 Jonnslade REGISTRAR	Loudon fark Cem Fiel 17, 1913. 20 UNDERTAKER Web Block Balto City
2	If more blanks are needed, address State Begistran	e, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing peath, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has wbo receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purprenal scottchar-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably wbich surgical operation was undertaken. mia," "PUEBPERAL pertionitis," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of etc. State cause for (name origin; "Can "Exhaustion." Examples: For vio

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PLACE OF DEATH 1630	STATE OF MARYLAND CERTIFICATE OF DEATH
County Ballimone	Registration Dist. No. 42.
Village or City Saint agnes (No. Fospi	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A fite (Write the word)	16 DATE OF DEATH Jehrnary 15, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Jebruary 14, 1913, to February 15, 1913, that I last saw ham alive on February 15, 1913
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 11:20 h m. The CAUSE OF DEATH* was as follows: Meningitis (Preumococcus)
particular kied of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	(Duration) yrs mos /4 ds. Contributory (Secondary)
10 NAME OF FATHER George allen 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed) Edwin & Darboth, M. D. 12 1913 (Address) & Agres Aspital *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
(Informant) Mr. George allen	Where was disease contracted, If not at place of death? Former or usual residence. 1608 Clement St.
(Address) 1608 Clement St. 15 Filed Fib 15, 1913 Geoastwart REGISTRAR	18 PLACE OF BURIAL OR REMOVAL Cedow bill 20 UNDERTAKER MM Cook ADDRESS North & Srumman
If more blanks are needed, address State Registrs	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puesperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
1639	CERTIFICATE OF DEATH
County ID QUID	Registered No. 41
Village or City (No. 21)	Stast outst: Ward) [It death occurred in a hospitat or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White (Write the word)	16 DATE OF DEATH XKbruery 12, 1913. (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day) (Year)	that I last saw h & 2 allve on Jeb 12 1913
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or fourse wife particular kind of work (b) General nature of industry,	Va Trippa Meleuro. Corremonia
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Balts Co	Contributory Fubriculosis of Lings (Secondary) (Deration) yrs mos / 2 os
10 NAME OF MINH H Johnson	(Signed) Sy Oaplinea , M. D Febf 13, 1913 (Address) 330/JE/Back SX
OF FATHER (State or country) MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds, State yrs, mos, ds
(Informant) Cargana Carlos	Where was disease contracted, it not at place of death? Former or usual residence
(Address) 21 & Gart are	20 UNDERTAKER ADDRESS
Filed FUL /3 1910 REGISTRAR	Ele Roy Steffer 844 0136 4 ar, 6 E. Franklin St., Balto., Reputating V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indigainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unquailfied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (name origin; "Can-Never report Examples:

MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CALISE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ocunty Racks 1640	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
VIIIage or CHY Catoroville (No ptnis	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WI down (Write the word)	18 DATE OF DEATH FEBRUARY 6, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH 2 1 8 3 4 6 6 6 6 6 6 6 6 6	that I last saw h
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Cerstral Effusion (Duration) yrs. mos. 4 ds. Contributory Cenile Dementia (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant, Philip Auer (Address) 1906 M. Balto DX Files Flb 7 193 Marshall Blust a FREGISTRAR	It not at place of death? Former or usual residence 19 place of Burial or REMOVAL Holy Redeemer 20 undertaker Address Address Address Address
If more blanks are needed, address State Regis trar, 6	m. Avankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "IVERPERAL sentichacture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS, state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As" Bronchopncumonia (secondary), 10 ds. Never reporample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Meastes; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "Old Age," "Shock," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can State cause for Examples:

STATE OF MARYLAND PLACE OF DEATH · CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registered No fit death occurred in St:....Ward) a hospital or institution. give its NAME instead KECORD of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. WICOWEO, (Month) (Write the word) I HEREBY CERTIFY, That Lattended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) It LESS than TAGE 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) May Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLAGE ENT (State of country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER (State or country) ot death State yrs, _ _____ yrs. ____ mos. ___ I Where was disease contracted. EAT It not at place of death?.. D Former or OF usual residence.... mportan PLACE OF BURIAL CAUSE 15 0 z If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise spect statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISKASE who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. childbirth or miscarriage, as "Purereral septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples:

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

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that it may be certificate. See instructions on back of

1643 AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGGUPATION is very 3 SEX 8 DATE O TAGE BOCCUP (a) Trade, particular carefully supplied. (b) Denera business, which emp 9 BIRTHP (State of 10 N B.—Every item of Information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of 11 B PARENTS 12 M 13 B (St 14THE A (Inform 16 Filed. 1

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME albert. S. Ba	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
4 COLOR OR RACE 5 BINGLE, MARRIED, WIDOWEO, OR OLOROGEO (Winter the word)	16 DATE OF DEATH (Month) (Day) (Year)
F BIRTH March 10 , 1844. (Month) (Day) (Year)	that last saw here alive on Tiele 3 1913.
(Stollth) (Pay) (Tear) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
ation profession, or Jacres Jacres	and Dropy Bright Duego
i nature of industry, or establishment in Jearrnes oyed (or employer)	(Ouration) / yrs. 6 mos ds.
LACE country) Harford le and	Contributory (Secondary) (Duration)yrsmos
AME OF artic Bagley	(Signed) Tr. Bussey, M. D.
OF FATHER State or country) W. of / Enougy	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
AIDEN NAME Harmah Husband	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOANGES
RTHPLACE F MOTHER ateror country, Ballo. City	At place In the of death yrs mos ds. State yrs mos ds
BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, it not at place of death? Former or usual residence
address. Cockseyswille J. G. H. J. L.	Mays Chapel Que. Lan. 6, 1913.
4.5 191 3 17 X Scurses My &	20 UNDERTAKER ADDRESS Towns Jours
if more blanks are needed, address State Regis trar, 6/	E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not niaterial worked on may form part of the second (a) Spinner, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic care-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scotichae mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Frart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," ... (name origin; "Can State cause for Examples: 01

BINDING RESERVED FOR MARGIN

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

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PERMANENT

4

PLACE OF DEATH

1643

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[It death occurred in a hospital or institution, give its NAME lostead of street and number.]

FULL NAME alburt B. 60	alluceur of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male W. Single, Married, Widowed, ORDIVERCED (Write the word)	16 DATE OF DEATH 7.00. 28, 1913. (Month) (Day) (Year)	
6 DATE OF BIRTH Whenome	17 I HEREBY CERTIFY, That I attended deceased from 780.28, 1913, to 750, 28, 1913.	
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 30, m,	
28 yrs. mos. ds. 0R mio.?	The CAUSE OF DEATH * was as follows:	
8 OCCUPATION (a) Frade, protession, or particular kind of work. Laborer	Juliana	
(b) Geograf nature of Industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs. mos. ds.	
9 BIRTHPLACE (State or country) Balleneare Used	Contributory(Secondary)	
10 NAME OF Julie Me Balelcuare	(Signed) / State of the state o	
11 BIRTHPLACE OF FATHER (State or country) Gallen Vicel 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence.	
(Address). O Williams one SI -	Ballian DATE OF BURIAL Republication	
Filed 751.28, 1913 18 Wesler REGISTRAR	20 UNDERTAKER (ADDRESS) Had Light 1815	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) Women at home, who are engaged in the Never return "Laborer," As exampies: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for

MARGIN RESERVED FOR BINDING

OCCUPATION PHYSICIANS RECORD PERMANENT properly AGE supplied. be UNFADING may that 20 0 terms, should plain instructions Information 2 DEATH WRITE See 0 item OF mportant. CAUSE

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred leWard) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE, 4 COLOR OR RACE 3 SEX MARRIED WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ... hrs. OR . O.min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) yrs mos. which employed (or employer) Contributory.... State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER State the DISMASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER of CENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State vrs. mcs. ds. Where was disease contracted. If not at place of death?. Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Never essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc... Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ampie: Mcasles (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencia injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purereral septichar-"Hart fallure," "Haemorrhage," "Inanition," "Maras. "Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (name origin: "Can State cause for "Exhaustion," Never report Examples:

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

V. B. No. 1.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Ballinge 1645	CERTIFICATE OF DEATH
Village or City Oella (No,	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the Word) 8 DATE OF BIRTH Month (Day) (Year) 7 AGE 18 LESS than	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to Saley 9, 1913, that I last saw here alive on Saley 9, 1913, and that death occurred on the date stated above, at Saley 9, m.
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: Prematical Birth
10 NAME OF FATHER Soward 6. Barker 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Penna,	(Signed)
(Address) Della, Marshall B Washan The Filed Feb 10, 1913 Marshall B Washan REGISTRAR	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Colla Conselling 20 UNDERTAKER ADDRESS Ellieon length

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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RECORD PERMANENT NON m INK RESERV UNFADIN ARGIN

pinous OCCUPATION PHYSICIANS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statement 18 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) TAGE If LESS than pinous 1 day hrs. OR min. ? properly BOCCUPATION AGI (a) Trade, profession, or particular kind of work. (b) General nature of Industry. supplied. pe business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER 9 0 ..., 191.3. (Address) back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE L At place OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. DEATH Where was disease contracted. It not at place of death?..... of Former or Item OF usual residence. Important. Every Ite 19 PLACE OF BURIAL OR REMOVAL m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

(Day)

St:.....Ward)

Ilt death occurred in a hospital or institution. give its NAME lostead of street and number.]

and that death occurred on the date stated above, at //// Gontributory..... *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State yrs. mos. DATE OF BURIAL

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. gainfully employed, as At school or At home. mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver seound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin: "Can-"Exhaustion," Never report Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN V. S. No. 1.

BINDING

RESERVED FOR

	Inty Balting Ind	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 40 St; Ward) St; Ward) [If death occurred in a hospital or institution give its NAME instead
	* FULL NAME Daniel Baw	hell of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M G OAT	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day) (Year)	18 OATE OF DEATH Tel. 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 7.6. 12 1913, to 7.6. 19. 1918.
7 AGE		and that death occurred on the date stated above, at
(a) To particular (b) Go busine	cupation rade, profession, or cular kind of work Beneral nature of industry, ess, or establishment in h employed (or employer)	(Duration) yrs. mos. 8 ds.
9 BIR (Sta	RTHPLACE (to or country) Germany	(Secondary) (Doration) yrs. mos ds
RENTS	10 NAME OF FATHER Lingking of the Conference of FATHER (State or country) Leven and the Conference of	(Signed) John Mo. ds (Signed) John Mo. ds 7-1-2-5, 1913. (Address) July Market Mo. deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) Sermany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
	Informant) Des The BEST OF MY KNOWLEGE	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) Baldwin High	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Tolk M. E. Blueler Tel. X

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has As examples: (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if Impossible to determine definitely. Examples: dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctchildbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhanstion," (name orlgin; "Can-

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN F. B. No. 1.

PLAGE OF DEATH	STATE OF MARYLAND
19 altimos 1648	CERTIFICATE OF DEATH
County Caumore	38
70/11/1 / a	Registered No.
Village or City MT. Washinglow (No. 4)	h. Osluce St.; Ward) [If death occurred in a hospital or institution,
11 , 10,	give its NAME instead
19ell mant So	of fenette Bell - of street and number.]
* FULL NAME /C/C/	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH , Tel. 13 101 3
MARRIED, SINGLE	(Month) (Day) (Year)
Male White OPR DIVERGED (Write the word)	17 I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH CHIMAN 13 , 9/3	at time of truck
www.	that I last saw h alive on
(Month) (Day) (Year)	
TAGE It I Manas I day,hrs.	and that death occurred on the date stated above, at 10.50 p.m.
e Muyrs mos, ds. OR min.?	The CAUSE OF DEATH; was as follows:
6 OCCUPATION 7	
(a) Trade, profession, or particular kind of work	to uliner I mother
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
	Contributory (Secondary)
(State or country) Just Washington Cath. Co. M.	
10 NAME OF A A ANTI-	X (nich N. / 1 / NIBAT
FATHER / JUL William Elward	(Signed) Art.
11 BIRTHPLACE	Tet 13, 191 3 (Address) MT. Washington M
Z (State or country) Cennsylvania	*State the DISEASE CAUSING DEATH, or, in desths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
OF FATHER (State or country) Connsylvania 2 12 Maiden Name OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a of MOTHER Vierce Jenette	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE	At place to the
(State or country) Maryland	of deathyrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Walliam & Bell	Former or usual residence
That Was himsten Mil.	19 PLACE OF BURIAL OR TEMOVAL PATE OF BURIAL
(Address) / www.wwy.gov, / rwo	6 2 6 11 141 11 11 2
16 HI W TO TO	20 NO DERTAKER ADDRESS
Filed Tet 14, 1913 14. 010 16	Sillan hall 213 of Alkans
If more blanks are needed, addless State Registra	The sold sold sold sold sold sold sold sold
ir more planks are needed, address State Registri	ur, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a), Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. childbirth or miscarriage, as "Puenperal septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dcnt; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-

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No Mar Eige	Registered No.6 St; Ward) [If death occurred is a hospital or institution give its NAME insteas of street and number.] MEDICAL CERTIFICATE OF DEATH
ege ARS	a hospital or institution give its NAME instead of street and number.]
ARS	MEDICAL CERTIFICATE OF DEATH
rd) Singl	18 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
, 1.7// (Year)	that I last aaw has alive on Fal. 14 ,1913
It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atated above, at 12,3019, m The CAUSE OF DEATH * was as follows:
	(Duration) / yrs mos ds Contributory lenuals in pro Munique (Secondary)
	(Signed) MMMland Stuly M. D.
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
sley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
VLEDOE	Where was disease contracted, If not at place of death? Former or usual residence
na	Pine Twee Man 1813
	sley LEDOE

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up ou account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. State cause for inus," "Oid Age." "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated nuder the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples:

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1 PLACE OF DEATH	STATE OF MARYLAND
County Botto-Co and 1650	CERTIFICATE OF DEATH
1 1 1.00	Registered No.
Village or City Notch Cliff (No. 2 FULL NAME Susie May.	Bishop St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jerrale Colored Single, MARRIEO, Single, MIDOWED, ORDIVERCE (Write the word)	16 DATE OF DEATH Pel- (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Mobili (Day) (Year)	7.6 10, 1913, to 7.66, 21, 1913. that I last saw her alive on 7.66 21, 1913
TAGE 2 yrs. 6 mos. 6 ds. 0R min.?	and that death occurred on the date stated above, at 10 a, m, The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Perturbace (State or country) Motch cliff	(Ouration) yrs. mos. /2 ds. Contributory (Secondary) (Ouration) yrs. mos. ds.
OF FATHER OSEPPER. Bestroff 11 BIRTHPLACE OF FATHER (State or country) Sock Raven Belle Ca. 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER O	(Signed) , M D. THE ZI, 1913 (Address) Sittling *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Notch Cliff	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds.
(Informant) Sefeli Sisting	Where was disease contracted, it not at place of death? Former or usual residence
(Address) Moless Cliff Filed M 22, 1913 Cl. Sank	19 PLACE OF BURIAL OR REMOVAL Cours Cerrely Jeh 23, 1913 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Registrar, 6	B. Franklin St. Ratto Properting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. mine, ctc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefluite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Examples:

STATE OF MARYLAND 1 PLACE OF DEATH 1651 CERTIFICATE OF DEATH Registered No. Ilf death occurred in St:Ward) PHYSICIANS a hospital or institution. RECCRD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 3 SEX WIDOWED, (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 191J. to 756. (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at ______ A __m, f day hrs. The CAUSE OF DEATH * was as lollows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) (Secondary) UNF 10 NAME OF 50 WITH . 19f. 3. (Address) 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos, ds, of Inford Where was disease contracted. If not at place of death?----OF usual residence. Every Item CAUSE OF Important. 15 Turle. if more blanks are needed, address State Registrar, 6 & Franklin St., Balto., Requesting V. S. No. 1.

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ARGIN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homielde; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "TUERPERAL peritonitis," childbirth or miscarriage, as "PUERPERAL septicharcause. mus," "Old Age." "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencia lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-

PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. BINDING classified. 4 2 pinous 0 THIS properly AGE INK RESERVED supplied. UNFADING carefully sur that it ma f certificate. 80 MARGIN WITH terms, pinous PLAINLY. plain Information 5 See instr WRITE of CAUSE OF Important. S B. No.

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state Very

652 PLACE OF DEATH County. * FULL NAME PERSONAL AND STATISTICAL PARTICULARS SINGLE, 3 9EX 4 COLOR O'R RACE MARRIED, WIDOWED, ORDIVERCED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS the 1 day hi OR min. 1 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment le which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14THE ABOVE IS ANOWLEDGE (Informant) (Address) 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:Ward)

Ilt death occurred in a hospital or institution, give its NAME lostead et street and number. 1

	CERTIFICATE	OF DEATH,	
16 DATE OF DEATH	(Month)	Loay)	, 1914 (Year)
Leby 10 191	J to Fla	Yattended dec	eased fr
that I last saw h allve			,191
and that death occurred on The GAUSE OF DEATH :		L	
Contributory	(Duration)	yrsm	os. 9
(Signed)	(Deration)	yrs m	108. 47. L. M.
*State the DISEASE CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI	SING DEATH, OF	. In deaths from	VIOLEN
and posterbudy of Architect	1=== 11=====		
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs mos. Where was disease contracted, If not at place of death? Former or usual residence.	In the		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duțies of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal scotichac cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "H art fallure," "Haemorrhage," "Inanitlon," "Maras. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion," Examples: For vio-£8.

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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH 1653 CERTIFICATE OF DEATH Registration Dist. No. St.;....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE MARRIED. Miles WIDOWEO, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Month) (Year) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) (Ouration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. Where was disease contracted. 14THE ABOVE IS

State yrs. It not at place of death?

REMOVAL

Former or usual residence.

19 PLAGE OF BURIAL OR

20 UNDERTAKER

ADDRESS

DATE OF BURIAL

[If death occurred in

a hospital or institution.

give its NAME Instead ot street and number.]

(Day)

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Ba)fo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, lrrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcoman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage. as "Purrement septichacby carbolic acid-probably suicide. such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. Ex valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the death), 29 ds.: Examples: 00

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

C. McCORMICK M.D.

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[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the For persons 0

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

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Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INX-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

T. S. No. 1.

N. B.

	PLACE OF DEATH 1655	STATE OF MARYLAND
_	Balling 1000	CERTIFICATE OF DEATH
G	ounty Coordinate	Registered No. 39
	20.1.	39 [If death occurred in
٧	illage or Gity Summer (No	a hospitel or institution,
	11 Q.	give its NAME instead of street and number.]
	FULL NAME Joenry Brown	
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, // 4/	16 DATE OF DEATH Feb. 26 1013
1/2	WIDOWED, WLADWED	(Month) (Day) (Year)
M	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	lan 1, 1912, to Feb. 19, 1913.
	(Month) (Day) (Year)	that I last saw h alive on 304 19 1913
TA	GE If LESS than	and that death occurred on the date stated above, at
	9 6 1 day,hrs.	The CAUSE OF DEATH* was as follows:
_		Organio heart disease
	Trede, profession, or The State of Head	2./
pa	rticular kind of work // Cured / Cured	***************************************
	General nature of Industry, siness, or establishment in	(Ouration) 3 yrs mos ds.
whi	ich employed (or employer)	100015
9 B	IRTHPLACE (tate or country)	(Secondary)
_	Termany	(Deration)yrs. 6 mosds.
	10 NAME OF FATHER	(Signed) John S. Green N. D.
S	Muserow	Freb 28, 1913 (Address) Sittings
ENTS	11 BIRTHPLACE OFFATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
R	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PARI	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
П	13 BIRTHPLACE	or Recent Residents) At place
	OF MOTHER (State or country)	of death yrs, mos ds. State yrs, mos ds.
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Informant) Medrice Brown	Former or
	· 00 d 040 4	usual residence
	(Address) Blen alma R. F. D. F.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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Fil	ed Old 3rd, 1917 for Silvayne	20 UNDERTAKER ADDRESS
	REGISTRAR	Stade Bros. Dong Weenty
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made		

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal naterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Women at home, who are engaged in the As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purneman senticharcause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vice mia," "Puerferal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," _ (name origin: "Can-Examples:

very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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STATE OF MARYLAND 1 PLACE OF DEATH 1656 CERTIFICATE OF DEATH Baltimore, County... Registered No. 38 219 Cedar Ave. Roland Park If death occurred in Village or City. St:....Ward) a hospital or institution. give its NAME instead Infant of Harvy F. and Florence Buchman of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH TE 5 SINGLE. 4 COLOR OR RACE infant 3 SEX MARRIED. WICOWEO. white male (Day) OR OIVORCEO I HEREBY CERTIFY. That I attended deceased from February 8th 1913 to February 8th 8 DATE OF BIRTH 913 Feb. that I last saw Hemalive on tel (Year) (Day) (Month) If LESS than and that death occurred on the date stated above, at _430 ff. m. 7 AGE V 1 day L. hrs. The CAUSE OF DEATH * was as follows: OR 7 18 malino firth. BOCCUPATION none (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) yrs. mos ds which employed (or employer) Contributory 9 BIRTHPLACE Baltimore, Co. (Secondary) (State or country) 10 NAME OF Harvy F. Buchman FATHER 11 BIRTHPLACE Baltimore, Co. ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN. AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Florence Walker OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place Maryland OF MOTHER (State or country) of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?.... Mr. C. Buchman Former or (Informant)..... usual residence Cedar Ave. (Address).... MOE 2 UNDERTAKER ADDRES REGISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Plantor, Physician, Compositor, Architect, Locomotive engineers. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return - "Laborer," "Foreman," 6

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasmere symptoms or terminal conditions, such as "As-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

Village or City Deglandana (No. 12 & Bouldine St; Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 18 DATE OF DEATH Movember 99, 1840 (Write the word) 19 DATE OF BIRTH November 99, 1840 (Month) (Day) (Year) (Worth (Day) (Year) 17 DATE 1913, to 19	PLACE OF DEATH	STATE OF MARYLAND
Registration Dist. No. Village or City Registration Dist. No. If death occurred a hospital or liestivity give its AME lost of street and somber. PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SUPPLY, WIDOWED, WIDOWED, WIDOWED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH November 19, 1840 (Nonth) (Day) (Year) 7 AGE 11 LESS than 1 day, hrs. 7 2 yrs. 2 mos. 8 ds. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work. (b) Seneral nature of industry, business, or establishment to which employer) PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 18 DATE OF DEATH 19 J. 1913 to Fully (Day) (Year) 17 J. HEREBY CERTIFY, That I attended deceased from 191. Send that death occurred on the date stated above, st. 7.45 p. r. The CAUSE OF DEATH* was as follows: B OCCUPATION (a) Trade, profession, or particular kind of work. (b) Seneral nature of industry, business, or establishment to which employer) PERSONAL AND STATISTICAL PARTICULARS II LESS than 1 day, hrs. The CAUSE OF DEATH* was as follows: Contributory (Secondary) Contributory (Secondary) (Signed) (Durafion) yrs. mos. december of the date stated above, st. 7.45 p. r. Contributory (Secondary) 10 NAME OF PARTHER Michael Byardy 11 DISTANCE OF DEATH* (Signed) (Durafion) yrs. mos. december of the date stated above, st. 7.45 p. r. Contributory (Secondary) (Signed) (Durafion) yrs. mos. december of the date stated above, st. 7.45 p. r. Contributory (Secondary)	County Bath 1657	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX **COLOR OR RACE **MARRIED.** **Whote **OPTIMES OF DEATH **Normber 19 , 1913 **ONAME OF DEATH **Normber 19 , 1940 (Month) (Day) (Year) **TAGE **If LESS than 1 day, hrs. ORmln.? **POCCUPATION (a) Trade, profession, or particular kind of work. **Description of the date stated above, st. 745 p. r. The CAUSE OF DEATH* was as follows: **OCCUPATION (a) Trade, profession, or particular kind of work. **Description of the date stated above, st. 745 p. r. The CAUSE OF DEATH* was as follows: **OCCUPATION (a) Trade, profession, or particular kind of work. **Description of the date stated above, st. 745 p. r. The CAUSE OF DEATH* was as follows: **OCCUPATION (a) Trade, profession, or particular kind of work. **Description of the date stated above, st. 745 p. r. The CAUSE OF DEATH* was as follows: **OCCUPATION (a) Trade, profession, or particular kind of work. **Description of the date stated above, st. 745 p. r. The CAUSE OF DEATH* was as follows: **OCCUPATION (a) Trade, profession, or particular kind of work. **Description of the date stated above, st. 745 p. r. The CAUSE OF DEATH* was as follows: **OCCUPATION (a) Trade, profession, or particular kind of work. **Description of the date stated above, st. 745 p. r. The CAUSE OF DEATH* was as follows: **OCCUPATION (a) Trade, profession, or particular kind of work. **Description of the date stated above, st. 745 p. r. The CAUSE OF DEATH* was as follows: **OCCUPATION (a) Trade, profession, or particular kind of work. **OCCUPATION (a) Trade, profession, or particular kind of work. **OCCUPATION (a) Trade, profession, or particular kind of work. **OCCUPATION (a) Trade, profession, or particular kind of work. **OCCUPATION (a) Trade, profession, or particular kind of work. **OCCUPATION (a) Trade, profession, or particular kind of work. **OCCUPATION (a) Trade, profession, or particular kind of work. **O	5/- 2	Registration Dist. No.
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3 SEX 4 COLOR OR RACE Markete, Markete, Markete, Month Oronor, Oronovorce Oronovorce (Write the word) TAGE 18 DATE OF DEATH November 19 1913 (Month) (Day) (Year) TAGE 18 LESS fhan 1 day, hrs. OR min.? B OCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of industry, business, or establishment to Which employed (or employer) Maryland 10 NAME OF FATHER Michael Byerry (Signed) 18 DATE OF DEATH Month) (Day) (Year) 17 I HEREBY CERYIFY, That I attended decessed fro that I last saw h and allve on 19 13 and that death occurred on the date stated above, st 7.45 p. r The CAUSE OF DEATH* was as follows: Contributory (Secondary) Contributory (Secondary) Contributory (Secondary) (Signed) 11 11 11 11 11 11 11 11 11 11 11 11 11	FULL NAME William Bys	rly of street and nomber.
Male White word Wistories of Date of BIRTH November 99, 1840 (Month) (Day) (Year) (Hereby Cervify, That I attended decessed from that I last saw have allowed and that death occurred on the date stated above, st 7.45 p. r. The CAUSE OF DEATH* was as follows: Boccupation (a) Trade, profession, or parficular kind of work. (b) General nature of industry, business, or establishment in Boy Factory (b) General nature of industry, business, or establishment in Boy Factory (b) General nature of industry, business, or establishment in Boy Factory (State or country) Maryland Contributory (Secondary) (Signed) (Duration) yrs. mos. descendary (Signed)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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TAGE The Cause of Death was as follows: The Cause of Death was a	November 29, 18	40 Jany 29, 1913 to Febry 15, 1913
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(State or country) Maryland (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Signed) (Signed) (Signed) (Address) (Signed)		
(Signed) Holling Michael Byerly (Signed) Holling, M. I		(Secondary)
	10 NAME OF Michael Byerly	(Signed) A Collenburg, M. D.
(State or country) State the Disease Causing Draft, or, in deaths from Violent	11 BIRTHPLACE OF FATHER (State or country) Germany 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or in deaths from Violence
of Mother Jamman 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT	▼ OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) State or country) State or country At place of deathyrsmosds. Stateyrs,mosd	13 BIRTHPLACE OF MOTHER (State or country) State or country)	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) way he Manney Informant was disease contracted, If not at place of death? Former or usual residence.	January On the world	If not at piaca of death?
(Address) 1/2 & Bouldin St. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mextern Cleaning Tit 18/13, 191		- Western Cerulary Fet 18/13, 191
Filed July 7, 191 Clausellan 20 UNDERTAKER REGISTRAR Oferiation Willer 2534 feffering 5	RECISTA	18 Cohristian Willer 2534 Jefferen o

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who bave no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as statement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative mealthfulfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purrenal scptichaecause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-

M. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN W. B. No. 1.

	PLACE OF DEATH	1658	STATE OF MARYLAND
	Ralto	1000	CERTIFICATE OF DEATH
Co	unty data		Registered No. 6
	P- Wto	~	
VI	lage or City / antin	(No./,	St.; Ward) [It death occurred in a hospital or institution give its NAME lostead
		. 90	of street and number.]
	*FULL NAME AMA	no lay C	AND '
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE		NGLE,	16 DATE OF DEATH FEE Z/SK 1913
7	/ 2 - // / WI	DOWED, ON LIVEY	(Month) (Day) (Year)
7	VVVICed CIVOTIVE	pivoreto rite the word)	I HEREBY GERTIFY, That I strended deceased from
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	(Month)	(Day) (Year)	that I last saw here alive on Tel- 1918 ,1913
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AG	2	1 day,hrs	11-11-11-11-11-11-11-11-11-11-11-11-11-
	yrsmos.	ds. ORmin. ?	
	CUPATION Frade, profession, or		Marasmus
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	General nature of industry, less, or establishment in		(Duration) Yrs, Cas, mos. ds.
	h employed (or employer)	00-00-00-00-00-00-00-00-00-00-00-00-00-	
St.	RTHPLACE		Contributory(Secondary)
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	10 NAME OF AM		(Signed) The formal, M. D.
S		n	Feb. 230, 1913 (Address) Parkton 2nd
E	OF FATHER (State or country)		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARENT	12 MAIDEN NAME	·n ·	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
A	OF MOTHER SOAM	e Mosier	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE	1	OR RECENT RESIDENTS) At place in the
	OF MOTHER (State or country)		ot death yrs mos ds. State yrs, mos ds.
14 T	HE ABOVE IS TRUE TO THE BEST OF	MY KNOWLEDGE	Where was disease contracted,
,	William E	Can	Former or
(Intermant) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-	usual residence
	(Address) fark	in	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
1 6	~	/	Maffey Rechteywill Tev So., 1918.
File	Jel 255, 1913. PHTY	Eg le MB	20 UNDERTAKER ADDRESS
		REGISTRAR	- Caellonessimiles Parnion

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or Industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the nibrase causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN

V. 8. No. 1.

1659 1 PLACE OF DEATH County Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

y Carr	St.;Ward	a hospital or los give its NAME of street and num
MEDICAL	CERTIFICATE O	F DEATH
16 DATE OF DEATH	2	7, 19
***************************************	(Month)	(Day) (Ye
		I attended deceased
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that I last saw harmally	con Feb	4 Etc. 11
and that death occurred on	the date states	sahaya at 4. a
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Village or Cityhear Bickelysville No. Henry Henry	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MODULED, WIDOWED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH 2 7, 191.3. (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
TAGE Sept. 1839. (Month) (Day) (Year) 7 AGE 1 day,hrs.	that I last saw harmalive on Fall 4 Ct., 1913. and that death occurred on the date stated above, at 4. a. m. The GAUSE OF DEATH* was as follows:
(a) Trads, prefession, or perficular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).	(Buration) / yrs. D. mos. B ds.
9 BIRTHPLACE (State or country) Parlor les, And, 10 NAME OF FATHER CONTROL CO	(Signed) (Beration)
OF MOTHER Haunoh Forward 13 BIRTHPLACE OF MOTHER (State or country) Haryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) Hanhstead	Where was disease contracted, If not at place of death? Former or usual residence
Filed Feb 3, 191 3 Thumas A Hill Defends Jeven REGISTRAR	Toreston Bablist Contibe 10., 1913. 20 UNDERTAKER The Shearer Millers Mid
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborerstatement. duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (o)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing diways the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologis of lungs, meninges, peritonaeum, etc...

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RECORD

PERMANENT

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or institution, give its NAME instead of street and number. 1 FULL NAME MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS PERSONAL AND 16 DATE OF DEATH 5 SINCLE, 3 SEX 4 COLOR OR RACE MARRIED, Neu (Month) (Dav) ORDIVORCEO (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) It LESS than TAGE and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH * was as lollows: OR min. ? mos. ds. 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, 16 min business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) Duration 10 NAME OF FATHER (Signed) ENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER Where was disease contracted 14THE ABOVE OWLEDGE it not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

statement. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasents); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

childbirth or miscarriage, as "l'unapperal scotichaegenital," cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATERS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial sephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Wcakness," (name origin; "Can death), 29 ds.: State cause for Examples:

RESERVED FOR BINDING MARGIN

V. S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County afternoon 1661	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Panous forms (No. 31	West of St.; Ward) [It death occurred in a hospital or institution,
FULL NAME Still born	infant Change give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Lingle WIDOWED, WIDOWED, ORDIVORCED	16 DATE OF DEATH Fet 13th, 1913 (Month) (Day) (Year)
female White of Ordivorced (Write the word)	17 HEREBY CERTIFY, That I attended deceased from
18 DATE OF BIRTH Jes 13th 1913	, 191, to
(Month) (Day) (Year)	that I last saw halive on
7 AGE It YESS than	and that death occurred on the date stated above, at
yrs. mos. ds. OR min?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Otill born inhant
(a) Trade, profession, or particular kind of work	6 Lour 5 months
(b) General nature of industry,	avo a · S · Mo · V · MS
business, or establishment in how which employed (or employer)	(Buration)yrsmosds.
9 BIRTHPLACE (State or country) Spannew Saint	Contributory (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary)
10 NAME OF FATHER	(Signed)
11 BIRTHPLACE	Fer 14 1913 (Address) Spanowstoring
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Colla Grager	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOWNS
13 BIRTHPLACE OF MOTHER (State or country) Mary land	or Recent Residents) At place in the of death yrs,
14 THE ABOVE TA TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Bla J Chaney	Former or usual residence
(Address) Splanow Forms (31.W. ES+	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Fet 14 1913 G. P. Mc Sommien Mas	Fauly burying from TW14, 1913 20 UNDERTAKER ADDRESS
REGISTRAN	baried by pand Jather Sparmer Soins
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage. as "Turrperal scottchae "Kart failure," "Haemorrhage," "Inanition," "Maras-inus," "Old Age," "Shock." 'Vraemia," "Weakness," dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ___ ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senife," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of _ (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

G. C. McCORMICK N. D.

SPARRITA

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8 shoul OCCUPATION PHYSICIANS RECORD statement PERMANENT Exact classified. 4 0 properly supplied. pe UNFADING may certificate. that 0 Jo WITH terms, should UO plain Instructions Information 2 I of Info Item OF mportant. Every It

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME instead of streef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, (Month) (Day) ORDIVERCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General natura of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of deaft _____ yrs. mos. ... Stafe yrs mos ds Where was disease contracted. If not af place of death?-Former or (Informant) usual residence DATE OF BURIAL (Address)

1913

(Year)

ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salcsman, "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis, of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Publicenal septichaeoma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus)
"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial reporties nant neoplasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head or Homicidal, or as probably "Dropsy," "Exhaustion," The nature of the Examples:

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N. B.-

Village or City Butter (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, WIDOWEO, WIDOWEO, ORDIVORCED ORDIVORCED	16 DATE OF DEATH Fub 14, 1913. (Month) (Day) (Year)
G DATE OF BIRTH Grand (Write the word) (Write the word) (Worth (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1913, to High High 1913. that I last saw h Lin alive on High 16 113.
TAGE It LESS than 1 day,hrs. ORmin.? Coccupation (a) Trade, profession, or farmer particular kind of work (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at 12.10 m, The GAUSE OF DEATH* was as follows: Alternation of a feature Application of the state of the stat
which employed (or employer) BIRTHPLACE (State or country) Balts Co.	Gontributory Heart facles (Secondary) (Duration) (Duration) (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER OF FATHER (State or country)	(Signed). , M. D. , M.
13 BIRTHPLACE OF MOTHER (State or country) Balls G msl	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Intermant) Salue. G. Frowte	it not at place of death? Former or usual residence.
(Address) Sutter.	Black Book Date of Burial
Filed Filey 1913 Introvos	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
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PLACE OF DEATH 1664	STATE OF MARYLAND
County Balliners	CERTIFICATE OF DEATH
Village or City W. Forres Sark (No. 4207	Registered No. 80 [If death occurred I a hospital or Institution give its NAME instead
* FULL NAME Mande L. Col	lugo of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White (Write the word)	18 DATE OF DEATH July (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I strended deceased from
Cug (Nonth) (Day) (Year)	that I last saw h & silve on Fely /2 1913
7 AGE 35 yrs. 5 mos. 2 5 ds. or min.?	and that death occurred on the date stated above, at # 30 a m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Cauca steras
business, or establishment in which employed (or employer)	(Doration) yrs. mos. ds.
State or country) Balty Wid	Contributory (Secondary) Abl (Boration) yrs mos cs.
on 11 BIRTHPLACE	(Signed) My & Miordia , M. D.
OFFATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 1	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother Ruly V. Edele 13 BIRTHPLACE OF MOTHER (State or country) Ballo 9418	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) E. V. MOON CONTRACTOR OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) 4207 Warns ave	From Moreral Felez. 13. 191
Filed	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosci

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should si NOI OCCUPATION 10 statement classified. properly supplied. pe msy certificate. that 80 50 back terms, pinous uo plain Instructions Information -EATH PE Item OF Important. Every It

STATE OF MARYLAND 1 PLACE OF DEATH 1665 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred to .Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, SEY 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 2.4 1 dayhrs. The CAUSE OF DEATH & was as follows: 23 ds. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) yrs ____ mos ___ ds. which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death 20 yrs. __ mos. __ ds. State _____ yrs, ____ mos. ___ ds. Where was diseasa contracted. If not at place of death? DATE OF BURIAL 15 20 UNDERTAKER ADDRESS alleans o derauble If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (Atired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURPERAL septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association. "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples: For vio-

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state Very 9 rSICIANS should occupation is PHYSICIANS 0 PERSONAL AND STATISTICAL PARTICULARS Exact statement 5 SINGLE, 4 COLOR OR BACE 3 SEX MARRIED, WIDOWED, (Write the word) S DATE OF BIRTH properly classified. (Day) (Month) 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, pe business, or establishment in may which employed (or employer) of certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 80 of FATHER (State or country) ARENTS back terms. See Instructions on 12 MAIDEN NAME OF MOTHER plain 13 BIRTHPLACE _ OF MOTHER (State or country) DEATH KNOWLEDGE CAUSE OF Important.

PLACE OF DEATH

1666

(Year

If LESS 1

1 day,.....

OR.....min

REGISTRAL

If more blanks are needed, address State Reg

STATE OF MARYLAND

CERTIFICATE OF DEATH

	Registered	1 No
Highland avesi:	Ward)	[If death occurred le a hospital or Institution give its NAME losteac of street and number.]
MEDICAL CERTIF	FICATE OF	DEATH
18 DATE OF DEATH SEPLICA	(Month)	14,1913
17 I HEREBY CERTI	-	(Day) (Year)
1/et // 1913, to	Jul	14 1913
that I last saw hEd alive on	Tak,	15 ,1913
and that death occurred on the d	ate stated a	bove, at 10 am
The CAUSE OF DEATH* was as	followa:	
		222222 ⁹ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Harrat	Urn	**************************************

Contributory Muna (Secondary)	line 9	line 6 mg
	celon	Elguer S
*State the DISMASE CAUSING I CAUSES, state (1) MEANS OF IN TAL, SUICIDAL, OF HOMICIDAL.	DEATH, or, in	deaths from VIOLENT (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) Af place of death yrs, mos, ds	Hospitals, in	
Where was disease confracted, If not at place of death?	00000000000000000000000000000000000000	
Former or usual residence		
19 PLACE OF BURIAL OR REMO	VAL	DATE OF BURIAL
20 UNDERTAKER	111	1913.
John Horwig		2008 Orlean
	ling V. S. No	1

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers statement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tctanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purereral septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chrosic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

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PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY. properly classified. Exact statement PERMANENT stated EXACTLY. AGE UNFADING INK ATH in plain terms, so instructions on back of should be of Information DEATH in plain CAUSE OF I 0

1667

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

			-
Registration	Dist	No	5

St.;....Ward)

MEDICAL CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS
SE	ternale Black Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)
B D.	(Month) (Day) (Year)
AC	Styl Bond 1 day, 1/hrs. OR ymin.?
(a) pai (b) bus whi	OCCUPATION OTrade, profession, or ricular kind of work General nature of industry, Iness, or establishment in ch employed (or employer)
(8	10 NAME OF FATHER Richard Carles.
PARENTS	11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER
A	90000 6.00000

	$-\langle V \rangle$		
16 DATE OF DEATH	Fl. (Month)	/8	, 1913
Delivered	CERTIFY, That	Set 18th	19 B
and that death occurred of The CAUSE OF DEATH*		d above, at	
Still a	Bom (lulf	***************************************
Contributory (Secondary)	(Duration)	yrsmo	s ds.
(Signed) 1. Fox.	Address)	ller tu	2), M. D.
*State the DISEASE CACAUSES, state (1) MEANTAL, SUICIDAL, OF HOMI	AUSING DEATH, OF	, In deaths from ad (2) whether	W
16 LENGTH OF RESIDENTS) At place of death yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence.	in the	s. institutions, T	
So Lukes		Pate of Bu	RIAL 191-3

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

Oru, Beroqueen 75 our

[Approved by U. S. Census and American Public Health Association.]

"Grocery; (a) Foreman, (b) Automobile factory. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not minc, etc. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, first line will he sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthèria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 1668	STATE OF MARYLAND					
Box.	CERTIFICATE OF DEATH					
County auc more	Registration Dist. No.					
botil 2.5						
Village or City Canton (No. 2129	a nospital or institution,					
Q+. 1. 1	glve its NAME Instead of street and number.					
FULL NAME Satrick S. Cotter of street and number.]						
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH					
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH 786 27 1913					
anal White Widowed, Manuel (Write the word)	(Month) (Day) (Year)					
	17) I HEREBY CERTIFY, That I attended deceased from					
8 DATE OF BIRTH	Jan 1913, to Feb & 7, 1913,					
(Month) (Day) (Year)	that I last saw harmalive on 72627, 1913					
7 AGE 53 It LESS than	and that death occurred on the date stated above, at 4 P. m.					
50 yrs. 8 mos. 2 ds. ORmin.?	The CAUSE OF DEATH* was as follows:					
8 OCCUPATION	Jan					
(a) Trade, profession, or	Mal troufferency					
particular kind of work						
business, or establishment in	(Ouration) / yrsmos ds.					
which employed (or employer)	Contributory Cederica of Cours					
State or country) Baltimore loo.	(Secondary)					
10 NAME OF O P P	(Ouration) yrs mos ds.					
FATHER John Cotter	(Signed) , M. D.					
of FATHER Deland	MCh L, 1913 (Address) S. 3. 9 J. Ellwood					
Z (State or country) Section of	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT					
OFFATHER (State or country) Ireland. 12 MAIDEN NAME OF MOTHER Margaret Lynch	TAL, SUICIDAL, OF HOMICIDAL.					
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)					
of Mother State or country) Ireland.	At place In the of death yrs mos ds. State yrs mos ds					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,					
marx boother	If not at place of death?					
(Informant)	usual residence					
(Address) 2129 S. Coluntin II	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL					
16 Of 1 11/2 A10/ of	Sacred Heart am March 4, 1913					
Filed fraille 2, 191 We, Me Callagron	20 UNDERTAKER THE Beiler 403 STANK					
REGISTRAS //	The state of the s					
If more blanks are needed, address State Regis trar, 6	E. STREETE SEE BRICO., Requesting V. S. No. 1.					

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU, v.s.

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PHYSICIANS

of

RECORD

PERMANENT

STATE OF MARYLAND 'PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. NoWard) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 11.50 t day,.....hrs. OR mio. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) _____ vrs. ___ mos ___ ds which employed (or employer) Contributory Com 9 BIRTHPLACE (State or country) (Secondary) Irelano (Deration) yrs....mes.....ds. 10 NAME OF FATHER ., 191 2... (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. 2 mos. 20 ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? DATE OF BURIAL Hel 28 191 3 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAMS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 1670	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
0.11 7.11	Registered No.
Village or City When dalls (No.	St; Ward) [If death occurred a hospital or institution give its NAME inste
2 FULL NAME Martha C.	Crossnors of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Hhte Second Middle Williams (Write the word)	16 DATE OF DEATH
Sept 7 183	
(Month) (Day) (Year)	
76 5 18 1 day,hi	S. The CAUSE OF DEATH + was as follower.
yrsmos,ds. ORmin. 1	- exterio delaroses
(a) Trade, profession, or House mife	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 3 yrs. / mos. /
(State or country) Loreley Ind	(Segnidary) (Duration), yrs mos
10 NAME OF James Hanking	(Signed) Stohms Smul
11 BIRTHPLACE OF FATIVER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Wantles Hankin	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALR, INSTITUTIONS, TRANSIENT
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mes
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)	Former or usual residence
(Address) Defe feer Falls feed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Felm 24 1913 S.F. H. Gorsiele	29 UNDERTAKER ADDRESS/
[1164	The state of the s

[Approved by L. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho bave no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the bousehold only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: tbe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Purreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senife," etc.), "Coliapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-

PLACE OF DEATH STATE OF MARYLAND 1671 CERTIFICATE OF DEATH County Registration Dist. No..... Ilf death occurred in St.:....Ward) a hospital or institution. RECORD give its NAME Instead of street and number.] ²FULL NAME MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS PERSONAL AND PERMANENT 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Mames (Month) (Day) (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE o 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? properly 8 OCCUPATION AGI (a) Trade, profession, or particular kind of work supplied. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (Secondary) (State or country # 10 NAME OF (Signed) FATHER (Address)....S ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME piain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of inform DEATH See instr yrs. mos. .. ds. State Where was disease contracted. It not at place of death? CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 30 UNDERTAKER ADDRESS 0 ż If more blanks are needed, address State Regis trar, 6 g. Franklin St., Ralto., Requesting V. S. No. 1.

BINDING

[Approved by U. S. Census and American Public Health Association.]

-statement. material worked on may form part of the second "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. tion is very important, so that the relative lealthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrpenal scotichacsepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ___ ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 de :: nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ______ (name origin; "Can-er" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Sbock." "Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SPARROWS POINT

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BINDING NARGIN

OCCUPATION PHYSICIANS RECORD PERMANENT ciassified. properly supplied. be may should termi ATH in plain instructions of DE Item OF

certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WICOWEO, (Month) (Day) OR OLVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death o T mos. . yrs. ... State Where was disease contracted. it not at place of death usual residence DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Regis trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "l'urappeal schtichae-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy." affection need not be stated unless important. valvular heart disease; Okronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As ample: Measics (disease causing nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never repor The contributory "Old Age," "Shock." 'Uraemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of (secondary "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: or intercurrent Examples: 0

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Village of Otty Pikewill (No. 2 FULL NAME Charles . F. C.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 32 [If death occurred a hospital or institution give its NAME instea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWCCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended decessed from
(Mopell) (Day) (Year)	that I last saw h 122 alive on July 12 1913
TAGE If LESS than f day,hrs. ds. ORmin. ? OCCUPATION (a) Trade, protession, or particular kind of work Clark (b) General nature of industry,	and that death occurred on the date stated above, at A man The CAUSE OF DEATH* was as follows: Occupation Law give no Pause of Change or Eggs one
business, or establishment in which employed (or employer). On the state of country)	Gontributory Certagn (Secondary)
10 NAME OF DO hot Know	(Signed) (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) On Not / Consumer 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Do Rof Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs, mos, ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed 7/13/1913 / Suy 4- May REGISTRAR	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL PLACE OF BURIAL PLACE OF BURIAL PLACE OF BURIAL ADDRESS PLACE OF BURIAL ADDRESS PLACE OF BURIAL PLACE OF B

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., who have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinologis of lungs, meninges, peritonacum, etc...

childbirth or miscarriage, as "Purrereal septicharture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," " "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of _ "Contributory." Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: Weakness,

VIII	age or City Canton (No. 35%	Registered No. [if death occurred a hospital or institution give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	5 SINGLE.	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
BDAT	(Month) (Day) (Year)	that I last saw har alive on Pet. 10h ,191
(a) I	If LESS than 1 day,hrs. ORmin.? CUPATION Trade, profession, or clouder kind of work	and that death occurred on the date stated above, at 7200. The CAUSE OF DEATH* was as follows:
busin whic	General nature of Industry, ess, or establishment in h employed (or employer) At House ate or country) Austria	Contributory (Secondary) (Duration) yrs mos mos mos mos mos mos mos mos mos mo
ENTS	10 NAME OF FATHER Ward, Walner 11 BIRTHPLACE OF FATHER (State or country) Aus try a	(Signed)
PAR	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the of death yrs. mos. state yrs, mos. mos. state it not at place of death?
	(Informant) August. Securt (Address) 357. 16.11. Sh	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL A. Stansland Tel. 19, 19
	1ed Fel. 17, 1913 Cle No Claushay	JOUNDERTAKER JACKOWSK 1618, Casker

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; cases, especially in industrial employments, it is necmaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) ACCIDENTAL, SUICIAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for cause. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), "Exhaustion," 29 ds.;

RECORD PERMANENT ARGIN 0 Item

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No OCCUPATION [If death occurred in PHYSICIANS Village or City. St:Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEY 4 COLOR OR RACE MARRIED, WIDDWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) TAGE If LESS than 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in may which employed (or employer) .. State or country) (Secondary) that (Duration)yrs....mos...ds 10 NAME OF FATHER (Signed) ... 0 . 191.3. (Address)..... 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) of death yrs. mos. State yrs, mos. ds. DEATH Where was disease contracted. If not at Blace of death? Former or OF usual residence. mportant. CAUSE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER DDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, 6 E/Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Grocery; (a) Foreman, (b) Automobile factory. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. ft should be used only when needed. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid naumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc., Carcinosis of lungs, meninges, pertionacum, etc., Carcinosis of lungs, meninges, pertionacum, etc., Carcinoscipio de lungs, pertionacum, etc., Carcinoscipio de lungs, etc., Carcinosci

ACCIDENTAL SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "TUERPERAL peritonitis," childhirth or miscarriage, as "PUERPERAL septichuretc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATH'S State MEANS OF INJURY and qualify as mus," "Old Age." "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma, etc., of ... The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin: "Can Examples: For vio

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state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County & altimore Registered No fif death occurred to St:Ward) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, Imgle 3 SEX MARRIED, WIDDWED. Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at ... t day,hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or 1 one particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, FOR HOMICIDAL. 04 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT BESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death ____ yrs.... mos. Where was disease contracted, It not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL

1913 TONE Cornica Ma 20 UNDERTAKER Parade Co Feb 4

20 UNDERTAKER ADDRESS
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If more blanks are needed, address State Registrar, & E. Frankling St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Procery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers scation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purapenal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," nant neoplasms) : Measics; Whooping cough: Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maily. oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of or Homicipal, or as probably (secondary or lutercurrent) __ (name origin: "Can-"Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

C. MaCORMICY

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N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

County Baltimore 1677	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Granges (No. 123)	Belorderia (1754: Ward) Formula (1864) Registered No. (1864) Occurred le a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frile 4 COLOR OR RACE SINGLE, MARRIED, MIDOWEO, WIDOWEO, ORDIVORCED (Write the word)	(Month) (Day) (Year) HEREBY CERTIFY, That Lattended deceased from
(Month) (Day) (Year)	that I last saw ham allve on Sebruary 1913
TAGE 32 yrs. 0 mos. 10 ds. or. min.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PEIRTHPLACE (State or country) 10 NAME OF C	Contributory College (Secondary) (Ouration) yrs mos ds Contributory College (Secondary) (Ouration) yrs mos ds
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHFLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Define One One One One One One One One One	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence.
Address) 173 Porlinger and 15 Filed Jeh, V, 1913 Almy G. May by REGISTRAR	19 PLACE OF BURIAL OR REMOVAL New Cate dral Current 20 UNDERTAKER M. Cado gen ADDRESS 9 D. Ogbottmer.
ir more Dianks are needed, address State Registrat	r, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing pears, state occupation at beginning of iil-"Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childhirth or miscarriage, as "Purereral septichaccause. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai." "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 de.; affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "Asis icss definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can State cause for Examples:

County 12 3 Belvedore and William	STATE OF MARYLAND GERTIFICATE OF DEATH Registered No. 32
Village or City Villagion (No. Simbon) Frankly	St; Ward) St; St; Ward) St; St; Ward) St; St; Ward) St;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDERD, WIDDERD, WIDDERD, With the word) 6 DATE OF BIRTH 4 COLOR OR RACE SINGLE, MARRIED, WIDDERD, WIDDERD, WIDDERD, WIDDERD, WITH the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That attended deceased from
(Month) (Day) (Year)	that I last saw have alive on File 4 , 1913
Still form 1 day,hrs. yrsds. ORmin.?	and that death occurred on the date stated above, at 3 , m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (e) Trade, profession, or particular kind of work	Presentation, (Confragas) (Duration) yrs. mos. ds.
SBIRTHPLACE (State or country) 10 NAME OF FRANK & Samuely	Contributory (Secondary) (Duration) yrs. mos. ds. (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at piece of death? Former or usual residence
(Address) /2 3 Belve dong and 15 Filed 2 / 4 ,1913 Atsun a Marylan REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Oak aralem February 20 UNDERTAKER M Cadva av 98 Polysletay M
if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Iname, first, the desertion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head ... (name origin; "Can-Examples:

OCCUPATION IS PHYSICIANS RECORD PERMANENT NK supplied. pe UNFADING ESI P Item

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Inatructions

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No ... Ilt death occurred in .Ward) a hospital or institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Year) (Month) (Day) It LESS than and that death occurred on the date stated above, ab 30 TAGE 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? SOCCUPATION (a) Trade, protession, or particular kind of work (b) Deneral nature of industry, business, or establishment in (Duration) which ampigyed (or ampigyer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OFFATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State yrs. mos. ds. yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence mportant. 15 POUNDERTAKER RECUSTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Baito, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

PLACE OF DEATH 1680	STATE OF MARYLAND
County Batto	CERTIFICATE OF DEATH
county Passack	Registered No. 3.5
Village or City Delight (No.	St; Ward) [If death occurred in a hospital or institution give its NAME instead
* FULL NAME MOUTHING	tompe for of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH Feb 28, 1852	15th, 17 1913, to 7 10, 2/ 1913, that I last saw h w alive on 7 10, 2/57 1913
(Month) (Day) (Year) AGE If LESS than	and that death occurred on the date stated above, at // P m.
60 yrs. // mos. 25 ds. 1 day,hrs. ormin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 3 ds.
BIRTHPLACE (State or country) Ballo leily Md	(Secondary) (Deration) 2 yrs mos ds
10 NAME OF Peter Emge	(Signed) Trobente , M. D.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
of Mother Cleable Offner 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Intermant) Mory a less ge	Where was disease contracted, If not all place of death? Former or usual residence
(Address) Reislesslore Mall	Druid Redge built Feel 25, 191.3
Filed Jul. 24, 191 3 / Touseeder REGISTRAR	1. A Cline Resterstown
if more blanks are needed, address State Registra	ur, 6 5 Franklin St., Balto., Requesting V. S. No. 1. On Q

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Purprenal septicharample: Meastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-

N. B.—Every item of information ahould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED V. S. No. 1.

1 PLACE OF DEATH 1681	STATE OF MARYLAND
Balling	CERTIFICATE OF DEATH
Gounty Common	Padistand No. 43.
C, 1111 Po.	Registered No.
Village or City Ordinan Hell (No. 100)	St.; Ward) [If destb occurred to a hospital or Institution,
\sim	give its NAME instead of street and number.]
FILL NAME Christianna	M Erdman
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- Seingle	16 DATE OF DEATH 1012
WIOOWED.	(Month) (Day) (Year)
Temale White (Write the word)	I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH	fm 4 , 1913, to Let 4 , 191),
(Month) (Day) (Year)	that I last saw hat allys on Thy 1913
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 9 a, m,
AGE 1 day,hrs.	The CAUSE OF DEATH* was as follows:
/ 3 yrs. / mos. 2 3 ds. OR min.?	THE CAUSE OF BEATIN WAS AS ISHOWA.
* OCCUPATION	Plearison
(a) Trade, profession, or four forms with	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrsosos.
9 BIRTHPLACE (State or country) Dut 1801 1 1 MA	(Secondary)
(State or country)	(Duration) yrs mos ds.
10 NAME OF FATHER	(Signed), J. J. Lalenton, M. D.
your enough	LAG BUILBELL
11 BIRTHPLACE	7 , 191 (Adőress) / C
(State or country) Germany	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
11 BIRTHPLACE OF FATHER (State or country) Sermany 12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	at place in the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
John & Endmiss	it not at place of death?
(Informant)	usual residence
(Address) Craman Hell Belair Road	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 The The Tare VI	Lrud Ridge Cemeters Felry 7, 1913
Filed Sch o , 1913 My (Saylow)	2º UNDERTAKER ADDRESS
REGISTRAR	seorge Schilling Asono 1126 E Monumer
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus; Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis of lungs, meninges, pertionaeum, etc..

childbirth or miscarriage, as "Puesperal septichaeetc., when a definite disease can be ascertained as the sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 de.; Examples: For vio-

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N.B.

County Baltimore 1682	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 42
Village or City Saint agnes (Not orf).	St.; Ward) [It death occurred in a hospital or institution give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female I hite (Write the word)	16 DATE OF DEATH Jebruary 22, 191.2. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	fan. 1, 1913, to Feb. 22, 1913, that I last saw her allve on February 29, 1912.
7 AGE 11 LESS than 1 day,hrs. 0Rmio.?	and that death occurred on the date stated above, at 10.10 p.m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work any	Cardisa failura
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) ? yrs. mos ds.
9 BIRTHPLACE (State or country) Maryland	(Secondary) (Ouration) (Ouration) (Ouration) (Ouration)
10 NAME OF FATHER Mr. Courtois	(Signed) Edwin & Bartlett , M. D.
11 BIRTHPLACE OF FATHER (State or country) Lo not know	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME Sophie Posey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the ot deathyrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) Mrs. Charles Phein	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) 1718 E. Federal St.	nen Cathedral Feb 25, 1913
File Lell 23, 191 3 Lev as Invail M. Reyne BEGISTER	20 UNDERTAKER ADDRESS 4. A Janes 833 known an
	r, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," (name origin; "Can-State cause for "Exhaustion," For VIO-

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

PLACE OF DEATH 1683	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH Registration Dist. No. 30
Village or City Catonswell (No. 2 FULL NAME Margaret & C	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, Single Willowso, OROVORCEO (Write the word) 6 DATE OF BIRTH April 7, 1894	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to File 6. 1913.
(Month) (Day) (Year) 7 AGE S	and that death occurred on the date stated above, at 10 M m, The CAUSE OF DEATH* was as follows:
(State or country)	Contributory Aguacafas (Secondary)
10 NAME OF FATHER William & Cospey 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Statis Dorsch 13 BIRTHPLACE OF MOTHER (State of MOTHER OF MOTHER (State of Country))	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the
(Intermant) Williams to the BEST OF MYCHOWLEDGE (Intermant) Williams to Cospey (Address) Catonsville 15 Filed Feb 8 1913 Moreshall B. Wish REGISTRAR	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL April 19 PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL ADORESS Ellieoth leit
If more blanks are needed, address State Regis trar. 6	E. Franklin St. Balto. Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer. ness of various pursuits can he known. The question minc, etc. it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock." "Tracmia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 'AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "l'une per ac schilchae-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Scnile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Baltornal 1684	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City West Journs	Registration Dist. No. S. St.; Ward) St.; Ward) St.; Ward) Sushpaugh Sushpaugh Sushpaugh Street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MODINORCEO (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 941, 1913 that I last saw have allow on Factor 1913
7 AGE 19 yrs	and that death occurred on the date stated above, at 8.30 P, m The CAUSE OF DEATH* was as follows: Pleurisy with Endyenia any Priefmonia
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER William Fishpough	(Signed) A Parallel Training (Signed) A Parallel Training (Signed) A Contributory (Duration) yrs mos 4 ds
11 BIRTHPLACE OF FATHER (State or country) QNO 12 MAIDEN NAME OF MOTHER MARY Wagner 13 BIRTHPLACE OF MOTHER (State or country) H-arfud Co. Quod	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds.
(Interment) William Jishpangh (Address) Jones of Filed For 21, 191 3 Classed Source	Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS
REGISTRAR If more blanks are needed, address State Regis trar, 6	Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook; Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulstatement. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic core-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purereral scotichaemus," "Old Agc," "Shock." 'Traemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "ligart failure," "Haemorrhage," "Inanition." "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never repor-The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 20

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STATE OF MARYLAND 1685 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. fit death occurred in St:....Ward) a hospital or Institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE SEY MARRIED. WIDOWED, (Month) (Day) Write the word) That I attended deceased from 17 6 DATE OF BIRTH (Year) (Day) If LESS than 7 AGE 1 dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General pature of Industry. business, or establishment lo which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At niace OF MOTHER ot death ____ yrs. 1 mos 20 ds. State (State or country) Where was dispase contracted. If not at place of death? DATE OF BURIAL 2/1813 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Cara-Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of _ (name origin; "Can-State cause for Examples:

V. B. No. 1.

RECORD

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be carefully supplied. GAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. N. B.

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PLACE OF DEATH 1686	STATE OF MARYLAND
County Balling	CERTIFICATE OF DEATH
Willess of City Cachapvilla	Registered No.
*FULL NAME 1165 1160	St.; Ward) a höspital or institution give its NAME lostea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurals 4 COLOR OR RACE 5 SINGLE, Sing MARRIED, WOOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
S DATE OF BIRTH (Month) (Day)	17 I HEREBY GERTIFY, That I extended deceased from 26, 1913, to 20 1915 (Tear) that I last saw h. 27 alive on 7'26 21915
(12 1) 6 11	day,hrs. The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows:
(a) Trede, profession, or Public School Frace, particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Perturbation Pertur	Contributory Ordema of langs (Secondary)
OF MANE OF FATHER Savid Trains OF 11 BIRTHPLACE OF FATHER (State or country) Unfine OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) J. P. D. S. S. Mos. 2 ds (Signed) P. D. S. L. S. M. D. 7 ib 2 3 1913 (Address) Casify wills Mad *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) / Mary Cand	18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS OF State OF STA
(Address) Cachagoulla Ung St. (Address) Cachagoulla Ung St. 15 Filed 74/2 23 1913 dr 13 03,03 und	former or usual residence Daltuns M. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL DANGERM THE 25, 191.3. 20 UNDERTAKEB ADDRESS
Rec	STRAP 18 CO POOKS DAND, MIN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puzzperal septichne inus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgnant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3/ [If death occurred inWard) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEY MARRIED, Widness WIDDW ... (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at 1 day, hra. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration)= which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 0 back 11 BIRTHPLACE K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ₹ OF MOTHER See instructions 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DR RECENT RESIDENTS) 13 BIRTHPLACE In the 8 At place OF MOTHER (State or country) usual residence. mportant. 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis af Tungs, meninges, peritonaeum, etc.. Carcinoscipalistics of the control of the control

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds.; "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is iess definite; avoid use of "Tumor" for mailg. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

PLACE OF DEATH

County Baltimare 1688	CERTIFICATE OF DEATH Registration Dist. No.30
Village or City Cella (No. 2 FULL NAME Clarence Edward	St.; Ward) [if death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH 1913. (Month) (Day) (Year)
G DATE OF BIRTH Coto 8 (Month) (Day) (Year)	that I last saw he has alive on July 18 ,1918
7 AGE 2 If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Transplant** **Transplan	Contributory Olitics The clica (Secondary) (Quration) yrs mos 4s.
11 BIRTHPLACE OF FATHER OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs, mos, ds.
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death? Former or usual residence
(Address). Cella 15 Filed Feb 20, 1913 Marshall B Wish REGISTRAR	19 place of Burial or REMOVAL Cella Cornetty 20 undertaker Caston Sons Ellicots C.
If more blauks are needed, address State Begistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Menager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septieharmus," "Old Age," "Shock," "Uraemia," "Weakness, "Hart fallure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis usat acopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can or as probably "Exhaustion, Examples:

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DEATH in plain terms, so See instructions on back of

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1 PLACE OF DEATH	1639
County Baltimore	1000

STATE OF MARYLAND CERTIFICATE OF DEATH

	5	7
Registered	No. 3	1

Village or City & Arleigton (No. 100 Of Woodland Gree Ward)

It death occurred in a hospital or institution, give its NAME instead ot street and number. 1

FULL NAME COCYC	11
PERSONAL AND STATISTICAL GARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH (Month) (Way) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw have allye on Set 27, 1913
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at / m The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work	terimal infection
(b) General nature of industry, business, or establishment in Sovernment Service which employed (or employer)	Contributory Brouchs kneuwonia
State or country) Maryland	(Secondary) (Secondary) (auring Euspralory (Doration) yrs mos. 7 ds
10 NAME OF Leorge M. Gilson	(Signed) Color (Method) 2000 & Both A
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother liques Tilbert 13 BIRTHPLACE OF MOTHER (State or country) M.J.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Milton Libron	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 3028 E. Galt st	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Flet, S8, 191 3 January Q. Warlor REGISTRAN	20 UNDERTAKER ADDRESS ADDRESS 10/3 EBalds

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day:laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscipality of the control o

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etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallycause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head of (name origin; "Can-The nature of the

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, -WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 13 (Month (Day) (Year) If LESS than 7 AGE 1 dayhrs. OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory.... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs, mos. ds. State yrs. mos. ds. Where was disease contracted. If not at place of death?-Former or usuai residence. BATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

" material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT-DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" Is less definite; avoid use of "Tumor" for mail oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin : "Can State cause for "Exhaustion, Examples For VIO-

-Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classilled. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

N. B.-

PLACE OF DEATH 1691	STATE OF MARYLAND CERTIFICATE OF DEATH	
County/Outumore	Registration Dist. No. 3	
Village or City M. Washington (No. Gall	St; 9 Hard [If death occurred in a hospital or institution, give its NAME instead	
2 FULL NAME Carrick, James	Sharpon of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male While Single, windower, with the word)	16 DATE OF DEATH SEMMAN (Month) (Day) (Year) 17 I HEREBY CERTIFY: That I attended deceased from	
GDATE OF BIRTH FEbruary 4th, 1872	that I last saw h 12 allye on Fish. 18 1913,	
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 2.40 A m,	
yrs. mos. / s t day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work. Zabores		
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos. ds.	
9 BIRTHPLACE (State or country) Mr. Washington, Ind.	(Secondary) (Duration yrs mos ds	
10 NAME OF Carrick, George Washington	(Signed) Do. Joseph S. 10 owing, M. D.	
11 BIRTHPLACE OF FATHER (State or country) M. Washington, M.d. 12 MAIDEN NAME OF MOTHER 7//6/6/6/	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-	
of MOTHER Welsh, Josephine	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER ISTATE OF COUNTRY MAY. Washington, Mil.	At place in the of death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or	
(Informant) Text. Illacherente: Mil.	USUAI residence	
(Address)	Devid Ridge 3/2/ 1913	
Filed Firt V 1913 Claud Dawn	20 UNDERTAKER COOK SOL Northan	
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health
Association.]

It should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (6)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiffied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum

such, if impossible to determine definitely. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned mia," "PUERPEBAL peritonitis," etc. ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and quaitly as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puberberal schilchae cause. Always qualify all diseases resulting from "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of "Contributory." Bronehopneumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," "Traemia," "Weakness," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

BINDING RESERVED MARGIN

No.

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PHYSICIANS should state of OCCUPATION Is very RECORD statement PERMANENT EXACTLY. Exact stated properly classifled. pinous AGE UNFADING INK carefully supplied. be that it may certificate. ō WITH back in plain terms, Every item of information should CAUSE OF DEATH in plain terms See instructions on Important.

1692 1 PLACE OF DEATH Village or City Catonwelle

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

Winters Que St; Ward)

[If death occurred in a hospital or institution, give its NAME instead

Catousuelle

2 FULL NAME Harrief Srline	of officer and lightness.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color OR RACE SINGLE, MARRIEO, WIDOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH Feb 7, 1913. (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw har alive on Flb 7 1913
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 11 50 Pm The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishmant in which employed (or employer) BIRTHPLACE (State or country) Howard Ca	Contributory Hemeflegia (Secondary) (Duration) Tyrs. 1 mos. — ds
10 NAME OF FATHER John Lynn. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER Unk.	(Signed) washall B wash M. D Teb-9, 1913. (Address) Calousulle My *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 1B Length of Residence (for Hompitals, Institutions, Transients or Recent Residents) At place In the of death yrs. mos. ds. State yrs. mos. ds.
(Informant). The Calourles My Knowledge (Address) Calourles Mal	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Wistern, Star Cerrety 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

... Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock." "Traemia," "Weakness," "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Turrperal scottchaecause. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. neat neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:

BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 1693.	STATE OF MARYLAND
Balla	CERTIFICATE OF DEATH
Gounty County	Registration Dist. No.
Village or City Angloland (No. 39)	[If deeth occurred to a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White the word)	16 DATE OF DEATH . f
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h allve on, 191,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
1 day,hrs. mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	Sull born
particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF Walter & June	(Signed) Ouration) yrs mos ds.
M 11 BIRTHPLACE OF FATHER MA	Lit //, 191 (Address) 3) My hlund
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, If not at piece of death?
(Informant). Walter & Summe	Former or usual residence
(Address) 39 Highland	219 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 = TO 6 1/10 900 00 1	Mechodist Cene. 112/13 191
Filed Fell 12 191 Le Malanollar	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar,	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—('oal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative Leaithfulwho have no occupation whatever, write None (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc., Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purrement scottichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Conample: Mcasles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state is ANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. "Hart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Examples:

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W. S. No.

	PLACE OF DEATH 1694	STATE OF MARYLAND
	Balto	CERTIFICATE OF DEATH
G	ounty WWW	Registration Dist, No. 41
٧	iliage or City Highlandtonn (No. 39)	Castern st.; Ward) [It death occurred is a hospital or institution give its NAME instead of street and number.]
=	A	MEDICAL CERTIFICATE OF DEATH
_	PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF PEATH ? FIG. 16
351	Marie, Marrie, Marrie, Widoweo, ORONOROEO, ORONOROEO, OWNINGERO, ORONOROEO	(Month) (Day) (Year)
6 D	ATE OF BIRTH Of I A	1 HEREBY CERTIFY, That lattended decessed from
	(Month) (Day) (Year)	that I last saw has allve on Seb 15 1, 1912
TAG	If LESS than 1 day,hrs.	and that death occurred on the date stated above, st 5 m,
	ds. ORmin.?	The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, protession, or	and the following the same and
pai	ticular kind of work	
bus	General nature of Industry, ness, or establishment in	(Ouration) yrs mos 2/ds
	RTHPLACE tate or country)	(Secondary)
	10 NAME OF HENRY Groscup	(Signed) Seph. (Doration) yrs. mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER Anknow	CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds.
141	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Interment, Margaret Groscup	Former or usual residence
	(Address) 3912 6 astern Ch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15/C	ed Feet 17, 1913 JX & M. Clanaly	20 UNDERTAKER ADDRESS 2016
	REGISTRAR	Muly Herry Ocheans
	If more blanks are needed, address State Registra	r, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not haid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal scotichaeetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of __ (name origin; "Can State cause for Examples:

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH It death occurred in PHYSICIANSWard) a hospital or institution. RECORD give its NAME lostead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, O (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE It LESS than t day,hrs. THIS OR 7 properi BOCCUPATION AGE (a) Trade, protession, or particular kind of work. pe (b) Genoral nature of industry. business, or establishment lo may which employed (or employer) certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 80 10 11 BIRTHPLACE terms, ENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 00 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARE 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE 13 BIRTHPLACE 2 At place OF MOTHER of Inform DEATH (State or country Where was disease contracted. if not at place of death?. Item OF Important. Every Its DATE OF BURIAL 15 rul-lem.la 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Begis par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

DING

ESERVE

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; ness of various pursuits can he known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should he used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synohym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PURPTERAL scpttchaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," supple: Measles (disease causing death), 20 ds. cer" is less definite; avoid use of "Tumor" for mailyture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Potsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examplés:

	RECORD	PHYSICIANS should state of OCCUPATION Is very
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
N.		Z.

PLAGE OF DEATH 1696	STATE OF MARYLAND
County Ballimure	CERTIFICATE OF DEATH
A .	Registration Dist. No. 4
Village or City / Isssuice (No.	St.; Ward) [It death occurred le a hospilal or Institution, give its NAME lostead ef street and number.]
FULL NAME / Yearing	Tongle de la constant nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVERCED (Write the word)	(Month) (Day) (Year)
y 2 	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on ,191 ,191 ,191 ,191 ,191 ,191 ,191 ,19
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
O yrs. S mos. S ds. OR mlo.?	I'lle GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, profession, or	
particular kind of work MATURE INC.	. Died niduly. Voul weetlan no
(b) Geoeral nature of industry, business, or establishment in	other Cause (Ourseller)
which employed (or employer)	Ouration) yrs mos ds.
State or country) Germany	(Secondary) (Deration) (Deration) (Deration) (Deration)
10 NAME OF Human Scisco	(Signed) Thank I Toulk a coroner
V) 11 BIRTHPLACE OF FATHER (State or country)	Ju 3, 1913. (Address) Stormalle MOU
Coffather (State or country) Lemany 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) martin traffer	Former or usual residence.
(Address) Possville Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Fly 3 1913 WHarim m	20 UNDERTAKER ADDRESS
REGISTRAR	Chas Wanter Rossielle
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrereal septichaeture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. Accidental drowning; Struck by railway train-accimus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 do.; oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:

	PLACE OF DEATH 1697	STATE OF MARYLAND
	0.01.	CERTIFICATE OF DEATH
Co	unty Baltimore	Registered No. 3-8
Vi	liage or City Motels Cliff (No. 2 FULL NAME Sister Mary Georg	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
==	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
		16 DATE OF DEATH Y. /
3 SE	un ale White (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	July 25 1912, to Feb 21 1913,
	august 9, 1866 (Month) (Day) (Year)	that I last saw h en allve on Feb. 20 ,191 3
7 AC	It LESS than	and that death occurred on the date stated above, at 10. 50 G,m,
	4 b yrs. 4 mos. 12 ds. OR min.?	The CAUSE OF DEATH* was as follows: Pulmon any Jubicular
(a)	Trade, profession, or flourier kind of work.	
(b) busi whi	Beneral nature of industry, ness, or establishment in ch employed (or employer)	(Duration)yrsmosds-
7 PI	RTHPLACE (ate or country) Rochester, 4. 4.	(Secondary) (Daretion) Contributory (Secondary) (Daretion) Contributory (Secondary) (Daretion) (Daretion)
	10 NAME OF Julius 14 amms	(Signed) D. John S. Green, M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) Rochester U	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PARENT	12 MAIDEN NAME OF MOTHER / Tatherine Camp bell	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Rochester N. 4.	At place of death No. yrs. 6 mos. 27 ds. Stete Md.yrs. mos. ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrected, It not at place at death?
	(Interment) Sister Mary Clara	usuel residence
15	(Address) Worth Oliff. Md	Notch Colif Orenast Pel 24, 191 3
15	4.1. 21 m3 / land Smark	20 UNDERTAKER ADDRESS
Fil	ed TWO A 181 S PROME REGISTRAR	U. Kink worm 910 M. Gayl
	If more blanks are needed, address State Registrs	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilfication, as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. maferial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homioide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puraperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples: EX.

BINDING FOR MARGIN RESERVED

RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS

> 'n. ż

Every item of information should be carefully supplied. AGE ahould be stated EXACTLY. PHYSICIANS should atate GAUSE OF DEATH in plain terms, ac that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

1698

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

٧	FULL NAME Tylen May The	St.; Ward) [If death occurred a hospital or Institution give its NAME insterned and oumber.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	emale White the word) 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wilder the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from Fel. 18th 1913 to Fel. 1/st 1913
	(Month) (Day) (Year)	that I last saw h & alive on Feb 21st , 1913
7 A	ge If LESS than 1 day,hrs. ormio.?	and that death occurred on the date stated above, at 10 4 m The GAUSE OF DEATH* was as follows:
(a) pa (b) bus whi	CCUPATION) Frade, profession, or ricular kind of work	(Duration) yrs mos 7 ds
BES STN	10 NAME OF FATHER Orum Hammond 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER M. 1 L. 1	(Secondary) (Duration) yrs mos 3 ds (Signed) , M. D The 21 , 191 3. (Address) Ellis Coft, - Mag
PARE	12 MAIDEN NAME TOTELLE CAVEY 13 BIRTHPLACE OF MOTHER (State or country) Mary Land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
	(Informant) Hosence Hammond	Where was disease contracted, If not at place of death? Former or usual residence.
15 File	ed Feb 21, 1913 Marshall B Wist REGISTAAR	Phistle Mills Demetery Flex. 22, 1813. 20 UNDERTAKER Substitute of BURIAL ADDRESS Ellicott City
	If more blanks are needed, address State Revisites	F. S. E. Franklin St. Reito Pegnesting V S. No. 1

[Approved by U. S. Census and American Public Health Association.]

, the nature of the business or industry, and therefore an (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Houscuife, Houscwork, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscies

cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; dent; Revolver wound of head-homicide; Polsoned thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:

ATE OF MARYLAND Very Registration Dist. No OCCUPATION [If death occurred in St.;....Ward) a hospital or institution. RECORD give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 1B DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. BINDING (Day) ORDIVORCED (Write the word) 17 LHEREBY CERTIFY, That I attended deceased from Exact OF BIRTH classified. 4 (Month) (Day) (Year) pe TAGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? properly GE 8 OCCUPATION (a) Trade, protession, or mucho ERVED particular kind of work (b) General nature of Industry, Second for (Duration) business, or establishment in may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) ESI (Secondary) + that 10 NAME OF FATHER 0 back ARENTS 11 BIRTHPLACE terms. pluods OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE 2 At place OF MOTHER of Infor Item OF mportant. Every II 15 ADDRESS m REGISTRAR ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or Indust, y, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcinosais of lungs, meninges, peritonaeum, etc...

sucb, if impossible to determine definitely. cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. cblidbirth or miscarriage, as "Purrent scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genltai," "Senlle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart fallure," "Haemorrhage," "Inanition." "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory "Old Age," "Sbock." 'Tracmia," "Weakness," (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can death), 29 ds.: State cause for Examples: 0

7. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. = 3 6 7 8 9 PARENTS 14 11

PLACE OF DEATH 1700	STATE OF MARYLAND
County Baltimere	CERTIFICATE OF DEATH
Village or City Carrole, St M. (No. 1 M.) *FULL NAME Canala Ite	Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH July 18, 1963. (Year)	17 I HEREBY CERTIFY, That I attended deceased from Lefy 2 , 1913, to Lefy 25 , 1913, that I last saw h 12 alive on Lefy 25 , 1913.
AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12 m. The CAUSE OF DEATH* was as follows: Acute Republic (albammunia
(a) Frade, profession, or Charles of State Mary particular kind of work. b) General nature of Industry, usiness, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country) Malliners City 10 NAME OF Charles Heagy 11 BIRTHPLACE	(Secondary) Liveles (Deration) yrs mos ds. (Signed) DALLO , M. D. 24,26 , 1913 (Address) 432 Access
OF FATHER (State or country) Askeronn. 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Paltenure.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
(Intermant) Rev. Br Paul	Where was disease contracted, If not at place of death? Former or asual residence.
(Address) of Mays In School Filed Heli 2 C, 1913 Geoastural Mico	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Holy Piz demon Let 29, 191? 20 UNDERTAKER ADDRESS
REGISTRAR	Lilly Ev Zeiler 4038. Woge &
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer--Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syngaym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinoscipality of lungs, meninges, peritonacum, etc...

sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PULEPLEAL septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia er" is less definite; avoid use of "Tumor" for malls Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (name origin; "Can-"Exhaustion," Examples:

QUIONIB ERVED ARGIN

OCCUPATION PHYSICIANS RECORD classified. pe pe supplied may 80 terms, plain = EAT OF I OF item Every item CAUSE OF important.

8

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF 11 BIRTHPLACE (Address) PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death _____ yrs. mos. State yrs, ____ mes, ds. Where was disease contracted. If not at place of death?. Former or usual residence. 15 20 UN Feb 15 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

statement. niine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may he entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Lahorer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tctanus) may he stated under the head of mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6 4 50

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No UPATION Ilf death occurred in PHYSICIANS St.:....Ward) a hospital or institution. RECORD give Its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANEN 16 DATE OF 5 SINGLE. 4 COLOR OF RACE WIDOWED, (Month) (Day) Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day) (Year) onth) It LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? mos. ds. SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment i (Duration) 6 yrs. mos NIG which employed (or employer) Contributory .. (Secondary) (State or country) (Duration) ... / O yrs ___ mos. 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDMN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. mos. ... EAT Where was disease contracted. 14 THE ASOVE IS TRUE If not at place of death? of DE/ OF usual residence. CAUSE OF Important. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 00 Z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercubosis of lungs, meninges, perifonaeum, etc.. Carcinbosis of lungs, meninges, perifonaeum, etc..

which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreral schichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Okronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 ds. State cause for Examples:

1703 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH pinoda (0) PHYSICIANS shou Registered No. fif death occurred in St: Ward) a hospital or institution, CORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ERMANENT EXACTLY. 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Year) (Day) be 7 AGE if LESS than and that death occurred on the date stated above, at pinoda 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? SOCCUPATION til. AG (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in suppli may which employed (or employer) UNFADIN Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 80 Jo 11 BIRTHPLACE (Address) terms, Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN. 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE C At place In the OF MOTHER of inform DEATH See instri of death yrs. mos. ds. (State or country) State yrs, ____ mos. ds. Where was disease contracted. if not at place of death? .. Former or OF Item usual residence CAUSE OI Every m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. E. No. 1.

NARGIN

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired & yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has For persons (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuherculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL, peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ "Collapse." "Coma,"-"Convulsions," -"Debility" ("Conis less definite; avoid use of "Tumor" for maile-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION Ilf death occurred in a hospital or institution. RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCEO (Write the word) (Month) (Day) Exact HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ciassified. (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: min. ? properly BOCCUPATION AG (a) Trade, protession, or particular kind of work Ш supplied. (b) General nature of industry, business, or establishment In NFADING may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) ESI (Secondary) carefully = that œ 10 NAME OF FATHER (Signed) ō MARGIN back 11 BIRTHPLACE ENT terms OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 60 04 12 MAIDEN NAME piain PA OF MOTHER instructions information 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE L At place In the OF MOTHER of death of infor ... yrs. mos. ds. State Where was disease contracted. WRITE 14 THE ABOVE IS It not at place of death? item OF usual residence mportant. Every if DATE OF BURIAL 15 υ'n 00 z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Ralto., Requesting V/S. No. 1.

[Approved by U. 8. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or Industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, elc. statement. material worked on may form part of the second It should he used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report: "Typhoid diseasent); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purrpubal septichae ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) Injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potented Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 cs. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "(Taemia," "Weakness," (name origin; "Can State cause for Examples:

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STATE OF MARYLAND 1 PLACE OF DEATH 1705 CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St: Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE WIOOWEO, (Month) OROIVORCEO (Write the word) (Dav) HEREBY CERTIFY. That I attended deceased from (Day) (Year) if LESS than 7 AGE 1 day,hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs, mos, ds Where was disease contracted. if not at place of death? usual residence OATE OF BURIAL

If more blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should he used only when needed. As examples: the nature of the business or indust, y, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Bealthfulmine, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencia by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scotichae mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." sepsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably -Hart fallure," "Haemorrhage," "Inanition," "Maran "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.: State cause for Examples:

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10 O OCCUPATION RECORD of PERMANENT classified. properly supplied. pe may certificate. carefully that Ö back ponid terms plain See Instructions Information = of Infor item OF important. Every ii m z

PLAGE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred to a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIOOWED, (Month) (Day) ORDIVORCEO HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at t day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER D. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place 3/ yrs./C In the OF MOTHER (State or country) State yrs. _.... mos. ds ds. Where was disease contracted. If not at place of death? usual residence. DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR

If more hlanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). causing peare, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust, i, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE mine, etc. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," mqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUESPEBAL peritonitis," etc. childbirth or miscarriage, as "Purremenal scottichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 as. ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Candeath), 29 ds.: State cause for Never report Examples:

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT BINDING UNFADING INK-THIS RESERVED of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. MARGIN PLAINLY, WITH CAUSE OF Important. S

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91 00:11	Registration Dist, No. 40
Village or City Hullsurlle (No	ton [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Poloned (Street Warshie) Sex 4 COLOR OR RACE 5 SINGLE, MARSHED, WIDOWED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH 2 6 ,1913 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h examine on Jely 2, 1913
7 AGE If LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated bove, atm The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Bronchitis + Paralysis
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Exhaustron 3 yrs mos ds
State or country) Virginia 10 NAME OF FATHER Thos. Rarter	Secondary (Duration) yrs mos ds. (Signed) Jhr B Hall , M. D. Pel. 8 , 1913 (Address) MM Ymanag
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address). Mt. Win aus 16 Filed Feb. 8 1913 7. H. Ruhl REGISTRAR	Mt. andrew Jeh 9, 1913 20 UNDERTAKER Leo. H. Hooper Balto. Co.
If more blanks are needed, address State Regis-	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

1707

1 PLACE OF DEATH

County Balto.

[Approved by U. S. Censns and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

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STATE OF MARYLAND PLACE OF DEATH 1708 CERTIFICATE OF DEATH Registration Dist. No. 40 fif death occurred in a hospital or institution. give its NAME lostead of street and number. 1 CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) 7 AGE If LESS than and that death occurred on the date stated above, at t day,hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration)yrs. mos. ds. which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory..... (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death _____ yrs. ____ ds. State yrs. ____ mos. ___ ds. Where was disease contracted. OF MY KNOWLEDGE If not al place of death?... usual residence 19 PLACE OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indification, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Accidental drowning; Struck by railway train-acctnant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for

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S. No.

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. m ż

County alternate 1709	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City North Porist Roa 2FULL NAME Stell bonn in	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mrale White Single, Married, Wilowed, Ordivorced (Write the word)	Some time prior to JEL 8 th 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Fol 8th (Month) (Day) (Year)	that I last saw h
7 AGE If LESS than t day,hrs. OR mln. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Gontributory Syph (3) or a Knot in
10 NAME OF FATHER John Jones 11 BIRTHPLACE ORFALMER	the souther cal God (Buration) yrs mos ds. (Signed) 4. PACCornial , M. D. Thy 9 , 1913. (Address)
12 MAIDEN NAME OF MOTHER Plizabeth Schensie 13 BIRTHPLACE OF MOTHER (State or country) Germany	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Intermant) John Jones (Address) North Point Coas, (Address) 15 Filed JEV. 9th, 1913 Glifflemies My REGISTRAR	Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Tankly burying from S 20 UNDERTAKER buries by ADDRESS Novel - Father ADDRESS
	farror 1001 110 court

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. "Manager," "Dealer," etc., without more precise speci--material worked on may form part of the second statement. fication, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers it should be used only when needed. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purremear sentichae scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ___ ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "Old Age." "Shock." 'Tracmia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

G. C. Mc York Market

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT BINDING 4 UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

Important. See instructions on back of certificate.

N. B.

1710 1 PLAGE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

[if death occurred to

	*FULL NAME Pase	Lalely	give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WILDOWSO, ORDIVENCED ORDIVENCED ORDIVENCED ORDIVENCED ORDIVENCED ORDIVENCED		16 DATE OF DEATH (Month)	(Day) (Year)
6 DATE OF BIRTH OHA 28, 1913 (Month) (Day) (Year)		that I last saw her alive on Fr	4 26 1013 4 26 1013
TA	ge If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stat The CAUSE OF DEATH* was as follows	
(a pa	CCUPATION) Frade, profession, or riticular kind of work	Sufautitio	weelsion
(b) Geograf nature of Industry, business, or establishment in which employed (or employer)			yrsds.
9 B	IRTHPLACE tate or country)	(Secondary)	yrsmosds.
NTS	11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER CONTROL CON	(Signed) (Address) (Address) State the DISEASE CAUSING DEATH, or	lace, N.O.
PARE	12 MAIDEN NAME OF MOTHER SEAL OF	TAL, SUICIDAL, OF HOMICIDAL.	nd (2) whether ACCIDEN-
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place Ic the ot death	s, Institutions, Transients, yrs, mos, ds.
	(Informant) Calla	Where was disease contracted, It oot at place of death? Former or usual residence	
(Address) Possocio		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Felt 27, 1913 W. F. Clayton.		20 UNDERTAKER	ADDRESS
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S	. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Agation, as Day laborer, Farm laborer, Laborer "Marriger," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary sircman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Index affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purpresal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. by carbolic acid-probably suicide. The nature of the thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report

•	"FULL NAME arrelia Ver	Registered No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That lattended d
	(Month) (Day) (Year)	that I last saw her slive on Feb /
7 A		and that death occurred on the date stated above, at The CAUSE OF BEATH* was as follows:
bus	General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) Experies The state of country of the state of country of the state of country of the state of the sta	Contributory (Secondary)
2	10 NAME OF FATHER Jahre Retkufski	(Signed) (Daration) yrs. 2
RENT	OF FATHER (State or country) Outle	*State the DISEASE CAUSING DEATH, or, in deaths from Causes, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, or HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) Scorbe	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS OR RECENT RESIDENTS) At place In the of death yrs, da. State yrs,
	Interment) Welhelm Gengske	Where was disease contracted, If not at place of death? Former or usual residence
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF E
15	ofel 3 - 1013 n f. Clarton	20 UNDERTAKER GO ADDRESS

BINDING

FOR

MARGIN RESERVED

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second For many occupations a single word or term on the tion is very important, so that the relative bealthful-Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never : return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viccblidbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Examples:

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilt death occurred la St:.....Ward) a hospital or institutioa. RECORD give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED, (1) WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF BEATH * was as follows: BOCCUPATION AGE (a) Trade, protession, or INK particular kind of work. (b) General nature of indastry, pe business, or establishment in may which employed (or employer) certificate. State or country (Secondary) that 10 NAME OF FATHER 80 0 11 BIRTHPLACE (Address) terms. ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place in the OF MOTHER (State or country ot death _____ yrs. ___ mos. ___ DEATH State _____ yrs, ____ mos, ____ ds, Where was disease contracted. It not at place of death? 0 Former or Item OF usual residence mportant. DATE OF BURIAL Every ADDRESS If more blanks are needed, address State Begis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Very should is PHYSICIANS shou of OCCUPATION RECORD Exact statement PERMANENT classified. 4 THIS properly INK supplied. pe UNFADING may certificate. of WITH back terms, pinons UO PLAINLY. plain ATH in plain instructions DEATH WRITE of Item OF mportant. CAUSI

STATE OF MARYLAND 1713 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No fif death occurred in a tospital or Institution. give its NAME instead of street and number.] ² FILL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SEX 191 MARRIED. WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended decessed from 6 DATE OF BIRTH (Year) (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at... 1 day,hrs. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) Beneral nature of Industry, business, or establishment in which employed (or employar) Contributory_ 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ____ ds. State yrs mos ds. Where was disease contracted. 14 THE ABOVE IS TRU It not at place of death?-Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE-OF BURIAL 20 UNDERTAKER ADDRESS BEGISTRAR

If more blanks are needed, address Nate Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The -(a) Spinner, fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has For persons "Foreman," (6)

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION .St.:....Ward) RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, married WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH classifled. (Year) (Day) 7 AGE it LESS than and that death occurred on the date stated above, at ... 8.30 A.m. P 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration)yrs. mos. 3 which amployed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 0 1913... (Address) / Caro less Ce back terms. ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME plain OF MOTHER ons formation H in plain 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS of In.
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If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balty., Requesting V. S. No. 1.

[it death occurred in

a hospital or institution.

give its NAME instead of street and number.

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('nal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust, j; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons 9

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turrement septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. "Heart failure," "Haemourhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," ... (name origin; "Can State cause for Examples: For vio-

MARGIN RESERVED FOR BINDING

should OCCUPATION PHYSICIANS RECORD 0 PERMANENT classified. D THIS properly NX supplied. pe UNFADING may certificate. S 10 WITH back terms, should plain Instructions Information 5 DEATH WRITE See of 10 Item Important. Every It

N. B.

Very

STATE OF MARYLAND 1 PLACE OF DEATH 1715 CERTIFICATE OF DEATH Registered No. fif death occurred in a/hospital or lostitution, rive its NAME lostead of street and comber. 1 unun MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) (Month) If LESS than TAGE and that death occurred on the date stated above, at... 1 day ... hrs. The CAUSE OF DEATH* was as follows: OR. .. min, ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) (Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. mos. ... State _____ yrs, ____ mos. ____ Where was disease contracted If not at place of death?. Former or usual residence Carmel Gunder 15 20 1 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupaif retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the diberase causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perstonaeum, etc.. Carcinosis of lungs, meninges, perstonaeum, etc..

etc., when a definite disease can be ascertained as the injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL perttonitis," etc. childbirth or miscarriage, as "Purerenal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 da. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasensis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition." "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from __ (name origin; "Can-State cause for Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT S. No. 1.

RESERVED FOR BINDING

MARGIN

1 PLACE OF DEATH	STATE OF MARYLAND
County Daltinin 1716	CERTIFICATE OF DEATH
But P Columbia	Registered No.
FULL NAME Soral # Lee	St; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Serty 4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, Widow ORDINGO (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH A Make an and 1871	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw he alive on Mish 20 1913
TAGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
of yrs mos ds or min.?	The CAUSE OF DEATH * was as follows:
GOCCUPATION (a) Trade, profession, or	MAEnne Cauclo
particular kind of work	
business, or establishment in Wolfer Switch Switch Employed (or employer)	(Ouration) yrs. mos. d
(State or country) (Ralhnin Grunh)	Gentributory (Secondary)
10 NAME OF FATHER MIKINGE	(Signed) B. 11. Sursey, M. C.
of father	12h 22, 1913. (Address) Lexing Md
OF FATHER (State or country) My 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Mullin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	at place of death yrs mos. 28 ds. State 69 yrs mos ds
(Informant) alun Hour Record	Where was disease contracted, if not at place of death? Former or Residue of death?
d. ma mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) A La Pa 4 Numer	Quarter Bottom Treb 24, 1913
Flied	20 UNDERTAKER NOUS BOOKS ADDRESS Philiphylia
If more blanks are needed, address State Registrar, 6	- I were from

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (dever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. oma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) Always quality all diseases resulting from (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For vio-

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH	1717	STATE OF MARY	LAND
	Beck	/	CERTIFICATE OF	DEATH
County	, vais		Registered	No. 44
Village	or City Lighlandton	(No. 3408,	6. Lombert St; Ward)	[if death occurred to a hospital or lostitutico, give its NAME lostead
	FULL NAME Umele	a.a.Zep	per	et street and number.]
	PERSONAL AND STATISTICAL PART	TIGULARS	MEDICAL CERTIFICATE OF D	EATH
7 emo	- main (white)	D, 7	(Month) 17 / I HEREBY CERTIFY, That I at	(Day) (Year)
6 DATE C	(Month)	P , 1840	that I last saw h. Ex alive on July	9 ,191.3
7 AGE	69 yrs. H mos. /	11 LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated about the CAUSE OF DEATH * was as follows:	ove, at 130 9 m.
particular (b) General business, of which emp	profession, or kind of work. It was to be a significant of industry, or establishment in loyed (or employer)	-f	Contributory (Secondary) Guration (Duration) (Duration)	rs. 2005. ds.
10 N	AME OF Unknown		(Signed) 3 (Outation)	rs 9 mos ds.
	RTHPLACE OF FATHER ate or country)	•	*State the DISEASE CAUSING DEATH, or in d CAUSES, state (1) MEANS OF INJURY; and (2)	eaths from Violant
Z (St	AIDEN NAME OF MOTHER	•	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS.	
0	RTHPLACE F MOTHER ate or country)		At place lo the of death yrs mos ds. State	yrs, ds.
14THE A	Voles, 7 Hoth	KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.	***************************************
15	ddress) 14 21, 11 12 21	70 1	Parace of Burial OR REMOVAL St.	TE OF BURIAL
Filed.	el 10 ,181 CHE, Mac	REGISTRAR	20 UNDERTAKER AD	DRESS 34 Jefferon
2	If more blanks are needed, a	ddress State Registrs	r, 6 E. Franklin St., Balto., Requesting V. S. No.	1.///

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers causing death, state occupation at beginning of illshould be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION St:Ward) a hospital or lostitutico, RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated shove, st 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 6 OCCUPATION AGE (a) Trade, protession, or particular kind of work. (b) General nature of Industry. UNFADING business, or establishment in may which employed (or employer) -----Contributory.... ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 80 ō , 191 3... (Address)... 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 41 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, ____ mos. ds. DEATH Where was disease contracted. WRITE KNOWLEDGE If not at place of death? o CAUSE OF usual residence. mportant. (Address) 15 REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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S. No. 1.

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VIIIage or City Catonsville (No. Spring) 2FULL NAME Many Lilly	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Following 24, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Makeron, 1829 (Month) (Day) (Year)	that I last saw her alive on February, 1913.
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at 12-30m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Perthelace (State or country)	(Duration) 3.3 yrs. mos. ds. Contributory Octobral Hamorrhage
11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 April 17 Mars April 18 Mars	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mess Lyzie Ware	where was disease contracted, Baltimon County if not at place of death? Former or usual residence Dickey willo And
(Address) Dickey Hville Ma. 16 Filed Feb 24 1913 Marshall Blursh REGISTRAR If more blanks are needed, address State Regis trar, 6	Jeles Place of Burial or REMOVAL Jeles 2, 1913 20 UNDERTAKER Wire Cook, E. Franklin St., Balto, Requesting V. 8, No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or indust; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purrerral scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 20 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowh oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for malk The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head Traemia," "Weakness," (name origin; "Can-State cause for Examples: For vio-01

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 1720	STATE OF MARYLAND
County Ha Balto.	CERTIFICATE OF DEATH Registration Dist, No
Village or City Ofighlan Moumo. 350	
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
MARRIEO, WIOOWEO, ORONOGO (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h allve on, 191,
7 AGE If LESS than 1 day,hrs. yrsmosds. ORmin. ?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work	Jydiocephatus-
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 3-alto 6.	Gontributory Aliantice Hell buth
(State or country) Batto Co.	(Signed) Muse S. Miscernation yrs mos ds.
11 BIRTHPLACE OFFATHER (State or country) 2 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of MOTHER Graw Barurch	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or colletry) Balts City	At place in the of death yrs mos ds. State yrs mos ds
(Informant). The above is true to the Best of My KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 350) Fosty Cerr	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar, 6	Tilly 4 offile 403 S. Way
to more present and according to the fact to the first to the first to	

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fleation, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the For persons (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrpunal scotichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:

MARGIN RESERVED FOR BINDING

should OCCUPATION PHYSICIANS RECORD 10 RMANENT statemen EXACTLY. Exac classified. D properly. AG supplied. pe msy certificate. that 10 back terms, should ПО piain Instructions 2 DEATH 90 item OF mportant. CAUSE

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STATE OF MARYLAND PLACE OF DEATH 1721 CERTIFICATE OF DEATH Registration Dist. No [if death occurred in St:----Ward) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, OVA ORDIVERCED Write the word) I HEREBY CERTIFY, That I attended deceased from 1831 (Month) (Day) (Year) 7 AGE If LESS than occurred on the date stated above, at 1 dayhrs. OR mlo. ? BOCCUPATION (a) Frade, pretession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory.... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) nt death ____ yrs. ___ mns. ___ ds. State yrs, ____ mos. Where was disease contracted. it not at place at death?. usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulmine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoida pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

childbirth or miscarriage, as "Purpersar septiehaeetc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. cause. Aiways qualify all diseases resulting from -Reart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 State cause for For VIO-

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state PHYSICIANS should state of OCCUPATION Is very RECORD statement stated EXACTLY. properly classified. should AGE carefully supplied. so that it m See Instructions on back Every item of information CAUSE OF DEATH in pisi mportant.

PLACE OF DEATH County Balting or

1722

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

	1-11
Village or City Sange (No.	O'a ar

.....St :.....Ward)

[If death occurred to a hospital or lostitutico.

* PULL NAME Margaret 9.	Martill give its NAME lostead et street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL GERTIFICATE OF DEATH
hemal While (Write the word)	16 DATE OF DEATH 2012, 1913. (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
S DATE OF BIATH July 24th, 1890 (Monoth) (Day) (Year)	De 1 /16 3 = 6 = 0 0
7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, st 5 225 m. The GAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Tyrs. mos. 23 ds.
9 BIRTHPLACE (State or country) Marylan,	(Secondary) (Quration) (Secondary) (Secondary)
11 BIRTHPLACE COFFATHER (State or country) 12 MAIDEN NAME (STATE OF COUNTRY)	(Signed)
of Mother Own with Sub Leng 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Address) 2 ang Clauafian Filed 1912 1913 1913 1913 1913 1913 1913 1913	19 place of Burial or REMOVAL DATE OF BURIAL OF REMOVAL March 2, 191 5 20 UNDERTAKER ADDRESS 17/0 Control Of

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Purprenal septichacoma. Narcoma. etc., of _______ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puesperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) dent; Revolver scound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAU, V.S.

PLACE OF DEATH 1723 County Ballonnon Village or City Showard (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH NOV 29 189.3:	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913.
(Month) (Day) (Year) 7 AGE It LESS than t day,hrs. ORmin.?	that I last saw h alive on
(b) Beneral nature of industry, business, or establishment to which employed (or employer) 9 BIRTHPLACE (State or country) Cashay sullin End 10 NAME OF FATHERE Wise Elleworth Manymous	Contributory (Secondary) (Signed) (Signed) (Ouration) (Duration) (Duration) (Signed) (Address)
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Maggin Wilhains 13 BIRTHPLACE OF MOTHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Interment) Samuel Chimeworth (Address) Male Balle Sun (Address) Pales Balle Sun (Address) Pales Balle Sun Registran 15 Pales 191 3 Delta and Registran Balle Balleton Ba	Where was disease contracted, If not at piace of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Logicon brown brushay 20 UNDERTAKER ADDRESS Sporkes May

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[Approved by U. S. Census and American Public Health Association.]

statement. Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Care mine, etc. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborerit should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

V. S. No. 1.

N. B.-

	unty Dalimon 1724 lage or City parrows foint (No. 8" 2FULL NAME Lawrence)	4- Vii	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death eccurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SE:	Male Sol. 4 COLOR OR RACE 5 aingle, MARRIED, WIDOWED, ORDIVORCED (Write the word)	le	16 DATE OF DEATH Stell 10 Th 1913 (Month) (Day) (Year) 17
	, , , , , , ,	90	1910, to 2100, 1913,
		ear)	that I last saw him alive on Siet. 7, 1913
(a)	E 22 yrs. // mos. 2 ds. or or cicular kind of work Et LES 1 day, OR		and that death occurred on the date stated above, at 5 a, m, The CAUSE OF DEATH* was as follows: Menumous
(b) busin whic	General nature of industry, less, or establishment in h employed (or employer) RTHPLACE ate or country) Southlans Co. Va.		Contributory (Secondary) (Duration) yrs. mos. ds. (Duration) yrs. mos. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDENTHER (STATE OF TOWN THE OF		(Signed) , M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether ACCIDENTAL, SUICIDAL, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Organia		18 LENGTH OF RESIDENCE (FOR HOSPITALA. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Informant John Mickey (Address) 8:4 Jel Aparrais6 d Jel 10, 1913 J. C. M. Gormac PEGIST	Chy.	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ZO UNDERTAKER ADDRESS ADDRESS Balto. Q4
	If more blanks are needed, address State Regis	trar, 6	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At homic. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Tuespenal scotichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." 'Traemla," "Weakness," "hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic . Sarcoma. etc., of ______ (name origin; "Can is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

G. C. MCCORMICK, M D

SPARROWS MILE.

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S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should str CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve Important. See instructions on back of certificate.		10 N F 11 B () 12 M () 13 B () () Str
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	1 PLACE OF	DEATH	1725		
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OF MOTHER LOW 18					
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STATE OF MARYLAND CERTIFICATE OF DEATH

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the distant Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, it should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Tuespezal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "A art failure," "Haemorrbage," "Inanition," "Naras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Are ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can death), 29 ds. Never report Examples: For vio-

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDIN MARGIN V. S. No. 1.

County Baltimore	CERTIFICATE OF DEATH Registered No. 16 ×
Village or City Morsville (No. 1) 2 FULL NAME Andrew M.	St; Ward) [If death occurred in a hospifal or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
male white Single, Marriel Marriel Williams of Single,	16 DATE OF DEATH String 26, 1943 (Mogyh) (Day) (Year)
Month (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) \$1. Million ds.
(State or country) Maryland	Contributory (Secondary) (Buration) yrs mes ds
FATHER Macolas Myers	(Signed) Trank & Orune , M. D. Let 96 , 1913 (Address) Rossville
(State or country) Openhary 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Marylan C	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) At place In the of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Late My 18	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Bossiville Filed McL / 191 & Hothacism In	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. inus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimia," "PUERPERAL poritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Concer" is iess definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing affection need not be stated unless important, valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples:

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN V. S. No. 1.

FOR

RESERVED

PLACE OF DEATH 1727	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
County	Registered No.
01 21 6 2	out of the same of
Village or City Roland Park (No. 900 4)	give its NAME instead
2 FULL NAME Henry Jamison	. Conjers of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH Nov. 18 1826	1 HEREBY CERTIFY That I attended deceased from 1913, to 1913,
(Month) (Day) (Year)	that I last saw h alive on
TAGE If LESS than	and that death occurred on the date stated above, at / 0 P, m.
8 Cyrs. 3 mos. / ds. ormin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Crehal Himmay
(a) Trade, profession, or Retired	a figure of the second of the
(b) General nature of Industry,	1 /2 Nows
business, or establishment in the ann Muchant	(Duration)
*BIRTHPLACE (State or country) New Chester, adams Co, Pa,	(Secondary)
New chester adams to Ja,	(Ouratio) / yrs mos ds
FATHER Menry myers	(Signed) , M D.
11 BIRTHPLACE OF FATHER	2/20 ,191 3. (Address) John Fund
(State or country) aclams to o Su Maiden NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country) adams to. Ja	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) frost Ornyers,	Former or usual residence
(Address) 900 University Parkway	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
10 2/20 mg M & Port	Manover, Ja Fib. 22, 1913
Filed 191	Henry W Means & Son 505 N. Calvert St.
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

.; mine, etc. aduties of the household only (not pald Housekeepers wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the pisease of persons engaged in domestic scrvice for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State "Heart failure," "Haemorrhage," "Inanition," "Marastbenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acctwbich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Cancause for

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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 3 6 If death occurred in St.:...Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) CERTIFY, That I attended deceased from 8 DATE OF BIRTH 833 (Year) (Month) (Day) If LESS than 7 AGE 1 day,.....hrs. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ___ Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNDER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specispaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinucr, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness, of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY, and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: Examples:

PLACE OF DEATH 1729	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
Gounty	Registered No.
Village or City Highlandtown (No. 3212) 2 FULL NAME Lolus St. Cl	Stoster USK Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH F 15 1913 (Month) (Day) (Year)
S DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on the last saw h alive saw h alive saw h alive on the last saw h alive saw h
7 AGE If LESS than	and that death occurred on the date stated above, at \$200 m.
70 yrs. 8 mos. 10 ds. or min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work Brick Layer	Cardias Destation
(b) General neture of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)	(Secondary) (Duration) (Duration) (Duration)
10 NAME OF FATHER John Nothinger	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of MOTHER Catharine Waechter 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs, mos ds. Where was disease contracted,
(Interment) Michael Noppinger	If not at place of death? Former or usual residence.
(Address) 700-S. Bouldin St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Fiel, 17, 1913 J. & M. Canaly REGISTRAR	Lacred Heart Cemetery Set 18, 1912. 20 UNDERTAKER ADDRESS Lilly Quile 4038 Noch st
If more blanks are needed, address State Registrar, 6	S. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING NEATH, state occupation at beginning of iilbeen changed or given up on account of the niseass Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necthe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Labore," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerposal peritonitie," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," which surgical operation was undertakeu. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Colianse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resuiting from (Recommendations on statement of (name origin; "Candeath), 29 de.;

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

FOR BINDING

RESERVED

MARGIN

S. No. 1.

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PLACE OF DEATH 1730 County Ballo	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registered No. 48
Village or City Flew are (No	St; Ward) [If death occurred I a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acale Color or race Single, Married, Wildows, Local Order Or Divorced (Write the word) Age Month (Day) (Year) 7 Age If LESS than t day, hrs.	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from that I last saw hall allow on the date stated above, at 6 7 m The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or Ferce Carfester particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Ballo	Contributory (Secondary)
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(Informant) MA John Player (Address) Men Gran My KNOWLEDGE (Address) Men Gran My KNOWLEDGE (Address) Man Gran My KNOWLEDGE (Address) My	Where was disease contracted, It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS John Autum Hou ADDRESS ADDRESS ADDRESS

[Approved by L. S. Census and American Public Health Association.]

Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichaeinjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of __ The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) ... (name origin; "Can-State cause for

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... Tif death occurred in ..Ward) a hospitel or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) If LESS then 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. mos. State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Iliof persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But In many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

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MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX **COLOR OR RACE SEMENT. WISOWERE WISOWE		PLACE OF DEATH 1732	STATE OF MARYLAND CERTIFICATE OF DEATH
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.;....Ward) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDOW (Month) (Day) ORDIVORCED HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, st 1 day/2 brs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State _____ grs, ____ mos. ____ ds. Where was disease contracted. If not at place of death?.... Former or usual residence. DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

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Association.]

the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURRPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Never report

V. B. No. 1.

N. B.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Rasphung (No. 25)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 43 The state of the state of the street and number.] The state of the street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED MARRIED WIDOWED, OR DINARCE (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 15, 1913, to 1913, to 1913, that I last saw house alive on 1914, 1915
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 720 Am, The CAUSE OF DEATH * was as follows: Brown Bro
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Ballo- G	(Duration) yrs mos ds. Contributory Exhaustor (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER GONGLE C. Oyeman 11 BIRTHPLACE OFFATHER (State or country) Far densitle Md 12 Maiden NAME OF MOTHER OF MOTHER	(Signed) 7. A. Clayfore , M. D. Act 2 D, 131-3. (Address) Overlage *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death?
If more blanks are needed, address State Registrar	Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 20 08 Price W

[Approved by U. S. Census and American Public Health
Association.]

:statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as mine, etc. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercubets of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "PUTEPERAL scottehacample: Measles (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. "Contributory." -Keart failure," "Haemorrhage," "Inanition," "Maraster" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may he stated under the head (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:

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SAUSE OF	DEATH in plai	n terms,	so that it	may be	properly classifi	ed. Exac	f statement	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
mportant.	Important. See instructions on back of certificate.	on back	of certific	ate.				

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 30 fit death occurred to ..Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWEO. (Month) ORDIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. OR mig. ? BOCCUPATION (a) Frade, pretession, or particular kied of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country _____ yrs. mos. State yrs. mos. ds. Where was disease contracted. if not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

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state very CERTIFICATE OF DEATH SICIANS should Registered No. PHYSICIANSWard) RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statement PERMANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) classified. (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, st should 1 day hrs. THIS OR 7 properly BOCCUPATION AGE (a) Trade, profession, or INK particular kind of work. (b) General nature of Industry. supplied. pe business, or establishment lo may which employed (or employer) certificate. State or country) (Secondary) that it 10 NAME OF 9 0 ARENTS back 11 BIRTHPLACE terms, OF FATHER (State or country pinous *State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER instructions Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE = Af place OF MOTHER (State or country of death yrs. ... mos. State yrs. ____ mos. DEATH Where was disease contracted if not at Biace of death? 50 item OF usuai residence. mportant. Every Ite BURIAL OR REMOVAL 13 REGISTRAR

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if more blanks are needed, address State Registrar, 6 E. Franklin St., Belto., Requesting V. S. No. 1.

STATE OF MARYLAND

Ilf death occurred in

a hospital or institution.

give its NAME instead of street and number. 1

DATE OF BURIAL

ADDRESS

[Approved by U. 8. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfuiwho bave no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinology.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Baltimors Registration Dist. No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word I HEREBY CERTIFY, That I attended deceased from (Day) (Year) if LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day.hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or (b) General nature of industry, business, or establishment lo (Doration) which employed (or employer) Contributory.... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE . 1913. (Address) Cas 2 (State or country) AREN. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the . OF MOTHER (State or country) _____ yrs. mos. State yrs, ____ mos. ds. Where was disease contracted. if not at place of death?. (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL

fif death occurred to

a hospital or institution.

give its NAME instead of street and number. 7

(Day)

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health
Association.]

*-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as tion is very important, so that the relative Healthful-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. duties of the household only (not paid Housekeepers should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at-home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (0)

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W. B. No. 1.

1 PLACE OF DEATH	1738 STATE OF MARYLAND
County Balliman	CERTIFICATE OF DEATH
Village or City Our lugton Wood Hs	Registered No. 25 fant fleufte Cae Ward) [it death occurred le a hospital or institution, give its NAME instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Frute (Write the word)	16 DATE OF DEATH 28 15 (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw h 4 alive on 7 15 1913
7 AGE It LESS than t day,hrs. OR	and that death occurred on the date stated above, at
SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Li (was (refred text (Duration) - yrs mos) ds. Gontributory (Secondary)
10 NAME OF FARHER down Soldslong 11 BIRTHPLACE OFFATHER (State or country) Service Soldslong 12 MAIDEN NAME	(Signed)
OF MOTHER LEAST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or
(Informant) Address 1525 Rank Skeyleas 16 Filed 721. 16-1913 Hony G. Maylor REGISTRAR	Polace of Burial of Remodile an Date of Burial Hebrew Friendschip Tel 17,1913 20 UNDERTAKER ADDRESS ADDRESS 4607 mad aug
If more blanks are needed, address State Registrate	& E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should he used only when necded. of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of llibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should he taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will he sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can he known. The question Housewife, Housework, or At Home, and children, not statement. essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septiehacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) Injury, as fracture of skull, and consequences (e. g., dent; Revolver seound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (name origin: "Can-"Exhaustion," Examples:

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Cot	PLACE OF DEATH 1739	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 39
VII	lage of City (No	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)		16 DATE OF DEATH 214 1913 (Month) (Day) (Year)
6 DA	(Month) (Day) (Year)	that I last saw have alive on 18 th 1 letter 1913.
(a) T		and that death occurred on the date stated above, at 4.20 Pm The GAUSE/OF DEATH* was as follows:
(b) (busing which	General nature of Industry, ess, or establishment in n employed (or employer) ATHPLACE He or country)	(Ouration) 2 yrs. — mos — ds (Secondary)
ENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
14 _T	of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALB, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
15 File	(Address) Shring Ald o Tiel-19th, 1913 J. J. Payne REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS STATE THE
5	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question For persons "Foreman." The (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "I'urrereal schtichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of __ The contributory "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Scnile," etc.), may be stated under the head of (Recommendations on statement of or Homicidal, or as probably (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. Never report Examples:

N. B.—Every item of information should be carefully supplied. AGE should be ststed EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	PLACE OF DEATH	1740	STATE OF	MARYLAND
	So altrinone	1140	CERTIFICAT	E OF DEATH
Village	(C) 10 11	lle (No.		Istered No. 43
	FULL NAME Sing	part 6	Paal	give its NAME lostead of street and number.]
P	ERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
male	7/1/	SINGLE, MARRIED, WIDOWTO, ORD DIVORCED (Write the word)	16 DATE OF DEATH (Mon	ith) (Day) (Year) That I attended deceased from
6 DATE OF	(Month)	(Day) (Year)		3 14 1913
7 AGE		If LESS than	and that death occurred on the date s	tated above, at 1105 P. m.
	yrs. 7 mo:	s. 13 ds. or min.?	The CAUSE OF DEATH+ was as follow	wa:
6 OCCUPAT (a) Trade, pr particular kin		ie,	1 moncho	preumonia
business, or	nature of Industry, establishment in ed (or employer)	ue 1		yrs mos lo ds.
9 BIRTHPL (State or	country) Mary	and	(Secondary)	10 premona
	THER Bahic O	Each;	(Signed) Momes 13-	Green, N. O.
Y II BIR	THPLACE FATHER . Manuary	land	15ty 16 , 191 3. (Address) 15	
C 12 MAI	DEN NAME MOTHER	Hankel	State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL.	
13 BIR	THPLACE MOTHER e or country) Many	land	18 LENGTH OF RESIDENCE (FOR HORPIOR RECENT RESIDENTS) At place in ot death yrs mos ds. St	
14THE ABO	OVE IS TRUE TO THE BEST OF	of MY KNOWLEDGE	Where was disease contracted, It not at place of death?	
· (Add	ress) Barkville	2nd	19 PLACE OF BURIAL OR REMOVAL	DATE OF BUBIAL
Filed Fel	-16 ,191 3. W.7	4. Clayton REGISTRAR	20 UNDERTAKER	ADDRESS
2	If more blanks are ne		ar, 6 E. Franklin St., Balto., Requesting V	8. No. 1.

[Approved by U. S. Census and American Fublic Health
Association.]

of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., material worked on may form part of the second statement. Never return "Lahorer," "Foreman," Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Housewifc, Housework, or At Home, and children, not For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, without more precise speci-As examples: (%)

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Pursperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile." etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:

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MARGIN RESERVED

	ounty Balline or City MA Hope (No. W. H.) 2 FILL NAME Mary Gottleib	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 32 [If death occurred is a hospital or institution give its NAME losteat of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35		16 DATE OF DEATH 7. Ef (Month) (Day), (Year) 17. I HEREBY CERTIFY, That I attended deceased from
7 A		that I last saw here alive on Field 3 74 1913 and that death occurred on the date stated above, at 4 77 m.
(a pa	CCUPATION) Frade, profession, or Religious General nature of industry,	The CAUSE OF DEATH* was as follows: VESMINAL, foll varing Shuile A) includion -
Wh	IRTHPLACE State or country) Germany 10 NAME OF FATHER TOWN Rallman	Contributor of Hyportatic Congestion (Secondary) Guings — (Ouration) yrs mos 20 ds. (Signed) To aux F. Carrey , M. D.
ARENTS	11 BIRTH PLACE OF FATHER (State or country) Bavaria 12 MAIDEN NAME OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
0	13 BIRTHPLACE OF MOTHER (State or country) Margares Ruhman 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. 5 mos/3 ds. State yrs. mos. ds. Where was disease contracted, Ballaca 21.
147	(Informant) Records MA Stope Refreas	Former or usual residence. Baltmin.
16 Fil	(Address) Mr Stope May - Maylor REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Politics 3 1913 20 UNDERTAKER A. Trick & Day 915 N. Ley St.
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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PLACE OF DEATH 1742	STATE OF MARYLAND
County Baltimor Co	CERTIFICATE OF DEATH Registered No. 36
Village or City Sustainte (No. 1)	St; Ward) [it death occurred in a hospital or institution give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FERSONAL AND STATION SEX Fundle Color OF HACE MARRIED, Manual Widower, W	16 DATE OF DEATH Thurs
Lefet 1867. (Month) (Day) (Year)	that I fast saw here allve on FM 25 1918
TAGE 26 yrs. 5 mos. 5 ds. or	and that death occurred on the date stated above, at TAC Om, The CAUSE OF DEATH* was as follows:
particular kind of work (b) Genoral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Jeaffic Priginia	(Duration)yrsmosds. Gontributory (Secondary) (Deration)yrsmosds.
10 NAME OF FATHER Rafety Bacone 11 BIRTHPLACE OF FATHER (State or country) Wof Privary 22 MAIDEN NAME OF MOTHER Sarah June	(Signed) J. M. D. (Address) Lutherville Jack *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mother (State or country) Mother (State or country) Mother Manager (State or country) Mother (S	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. Where was disease contracted, It not at place of death? Former or
(Address) detterville 15 Filed 21, 191 3 REGISTRAR If more blanks are needed, address State Registra	10 PLACE OF BURIAL OR REMOVAL Bare Hell Corr Balls: Fiel 22, 1813. 20 UNDERTAKER ADDRESS John Burns Low Journal F. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement applies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mue, etc. feation, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For vio-

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PHYSICIANS shoul FNT PERMAN Exact classified. pe D Shoul properly 9 supplied. pe may certificate. = that 9 pe back terms. should plain Instructions Information 2 of Infor Item OF Every Item CAUSE OF Important. m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.:...Ward) Village or City a hospital or institution. give its NAME Instead till from Eva of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWEO, male colorer (Day) (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h allve on (Month) S (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at. 1 day. hrs. The CAUSE OF OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed

If more blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING BEATH, state occupation at beginning of III-Servant, Cook, Housemaid, ctc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necwho have no occupation whatever, write None Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-(a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Salcsman, As examples: For persons (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrement scottchaemus," "Old Age," "Shock," 'Traemia," "Weakness," -Kart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion," Never report Examples:

	PLACE OF DEATH 1744	STATE OF MARY	YLAND
Co	ounty Baltimore 1144.	CERTIFICATE OF	DEATH
00	ouity	Registered	No. 30
V	FULL NAME anie & Cae Ro	inters are st; Ward)	[If death occurred in a hospital or institution, give its MAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 SE	Lunce Cold Single, Married Wisowed, Wooded (Write the word)	16 DATE OF DEATH felo (Month)	2 , 1913. (Day) (Year)
G D	ATE OF BIRTH UND, Unform	that I last saw h Sol alive on Feb	1913.
TAG	(Month) (Day) (Year)	and that death occurred on the date stated ab	1300
	5 3 yrs. mos, ds. ormin.?	The GAUSE OF DEATH* was as follows:	ove, at
(a) par (b) busi	CCUPATION Trade, profession, or ticular kind of work	Of of lexy (Duration)	yrs. mos ds.
9 BI (St	RTHPLACE (ate or country) Catourvelle md	Gontributory (Secondary) (Duration)	Yrs mae de
	10 NAME OF FATHER Alex COL.	(Signed) marshall B Wish	, .M D.
NTS	11 BIRTHPLACE	Feb 3 , 1913 (Address) Calo	unulle mo
ARE	(State or country) Uncl. 12 MAIDEN NAME OF MOTHER Rachael & Bisley	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	2) whether Acciden-
ſ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place In the of death	Yrs, Mos ds.
	(Informant) Philled Ray.	Where was disease contracted, If not at place of death?	
	(Address) Catounelle nd	19 PLACE OF BURIAL OR REMOVAL D	ATE OF BURIAL
15 Fil	ed Felo 3, 1913 Marshall B. West,	Western Star Ceurch	Tele 5,1913
	If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	10 m provides

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) _ (name origin; "Can-Examples:

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

PLACE OF DEATH 1745	STATE OF MARYLAND
County Ballo:	CERTIFICATE OF DEATH Registered No. 40
Village or City Maganle (No. 2)	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	(Month) (Day) (Year) 17 HEREBY GERTIFY, That attended deceased from
DATE OF BIRTH May 21, 186 (Month) (Day) (Year)	830 Pretolia to 9 Phe tel 16 1913
AGE 11 LESS tha 1 day, hr. or. mos. 28 ds. or. min.?	and that death occurred on the date stated above, at 9 7 m.m. The CAUSE OF DEATH* was as follows: Cersonal
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Duretion) Que John ds ds
which employed (or employer) BIRTHPLACE (State or country) Country A Country	Contributory 2017. / Kathara
10 NAME OF Henry Bockord	(Signed) & T. A. J. J. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accident
13 BIRTHPLACE OF MOTHER SONT RUB 11 State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
4THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) A Prechand	Where was disease contracted, it not at place of death? Former or usual residence
(Address) 2001 Madrison an Bello M.	Mountain Christian Church Let 18, 191 3
Filed Feb /7, 191 3 & F. A Gorseiche	20 UNDERTAKER ADDRESS

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the bousehold only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciature of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlie," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ___ is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:

B. No. 1.

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state * DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

PLACE OF DEATH Baltimore

1746



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 33
Village or City Boring (No	St; Ward) [If death occurred is a hospitat or institution give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marked, widows, or overed (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
© DATE OF BIRTH 2 26, 1913 (Month) (Day) (Year)	, 191, to
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mes ds Contributory (Secondary)
10 NAME OF FATHER Harry Reed. 11 BIRTHPLACE OF FATHER (State or country) UA.	(Signed) gastfurls M. D. #18 27, 1913 (Address) Fourlesbury M.d.
12 MAIDEN NAME OF MOTHER LILLY DATE 13 BIRTHPLACE OF MOTHER (State or country) MA 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the of deathyrsmosds. Stateyrsmosds.
William & Monk	Where was disease contracted, If not at place of death? Former or usual residence
Filed Feb. 27 , 191 3 Jast Wilson Mr. Dogh. Lucul REGISTRAR	Piney Grove July 22 ", 1913 20 UNDERTAKER ADDRESS Liften & Son Hampstead

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pumperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing terminal conditions, such as "As-(name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Examples: For VIO-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN

V. S. No. 1.

PLACE OF DEATH 1747	STATE OF MARYLAND CERTIFICATE OF DEATH
County Marc	Registered No. 4-3
Village or City Lauraville (No. Son	theus are st.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Widower, Married (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 11 1 HEREBY CERTIFY, That I attended deceased from (1912, to 7 4 , 1913
(Month) (Day) (Year)	that I last saw h and alive on Fit 4 191 3
7 AGE 1 LESS than 1 day,hrs. 0 cmmin.?	and that death occurred on the date stated above, at 6.45 f.m., The CAUSE OF DEATH* was as follows:
(a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Continue July (Ouration) yrs. mos. ds.
State or country) Balta Co	(Secondary) (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER Caleb Rigdon 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER SASAL SILLN	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Balty Co Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Rachel & Rigdon	Where was dissase contracted, it not at place of death? Former or usual residence
(Address) Southern are Lauroully And 16 Filed Teh 5, 1973 JACOPay Low	Boltzman Chiefry February 6., 1913. 20 UNDERTAKER Sloral Schilling Loops 1/16 EMonument
	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Bolty MA

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberoulosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetunus) may be stated under the head of injury, as fracture of skull, and consequences-(e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR T. B. No. 1.

Village or City Mt Jone (No. City Pull NAME Lulis Pille	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [A death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, Sury le MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the Word) PDATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 1 HEREBY GERTIFY, That I attended deceased from 2 1913, to 22 1913 that I last saw here alive on Left 22 1913
TAGE 2 yrs. No mos. 10 ds. ormin.? **Soccupation* (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OPEPL 11 RIPTERIOSE	(Signed) (Doration) (Doration) (Secondary) (Doration) (Doration) (Signed) (Signed) (Doration) (Doration) (Doration) (Signed) (Signed) (Signed) (Signed) (Doration) (Doration) (Doration) (Doration) (Signed)
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrsmosds. Where was disease contracted, if not at place of death?former or
(Informant) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL MA Autrus 20 UNDERTAKER Hooker ADDRESS Holling ADDRESS A

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lilof persons engaged in domestic service for wages, as gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is Indefinite); Tuborculosis of lungs, meninges, peritonacum, ctc.. Carcin-

which surgical operation was undertaken. For vrochildbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephrilis cer" is less definite; avoid use of "Tumor" for mailigcause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICEDAL, OF AS Probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Annemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medicai Association.) Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds., State cause for

N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN W. S. No. 1.

County Baltimore 1749	STATE OF MARYLAND CERTIFICATE OF DEATH
0	Registered No. 30
Village or City Hoodlawn (No. 1) 2 FULL NAME Hilliam Henry	St; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex Color or RACE Seingle, MARRIEO, MIDOWEO, WIDOWEO, WID	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from 191.3., to 191.3.,
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 f LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 69 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Benorat nature of industry, business, or establishmeot in which employed (or employer) BERTHPLACE (State or country) Mary Land	(Duration) 5 yrs mos ds. Contributory Outrois Saldania (Secondary)
11 BIRTHPLACE OF FATHER State or country) Mary land 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) , M. D. J. J
of MOTHER Eliza Richmond 13 BIRTHPLACE OF MOTHER (State or country) Mary land	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) In If we have the Best of My Knowledge (Informant) In If we have the Running (Address) It and all all and the second of the secon	Where was disease contracted, if not at place of death? Former or usual residence
Filed	20 UNDERTAKER ADDRESS Chustrong Denny Co 715 Light St
if more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Ballo Inc.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. -(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to the fine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudereulosis of lungs, meninges, peritonacum, etc.. Carein-

mus," "Old Age," "Shock." "Uraemla." "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Palsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify an which surgical operation was undertaken. For vicmia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purreral septicharetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcnltal," "Senile." etc.), "Dropsy." "Exhaustion," "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms) : Measics; Whooping cough: Chronic oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from __ (name origin: "Can-State cause for Examples:

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING IS FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

W. B. No.

N. B.

4	
PLACE OF DEATH 1750	STATE OF MARYLAND
County Secto	CERTIFICATE OF DEATH
County	Registered No. 42
Village or City Steething 2 (No	St; Ward) [if death occurred in a hospital or institution
*FULL NAME Beulah Purn	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIOOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 201. 15 -, 191. 3 (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Joh. 16 , 1912	Set 3 -, 1913, to Let /5 , 1913
(Month) (Day) (Year)	that I last saw h Sr alive on 2 5 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 3. 09 Pm
yrs. 11 mos. 3 o ds. 1 day,hrs. 0 cmmin. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or	Toucho premium
particular kind of work	
business, or establishment in which employed (or employer)	Zeotral was (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Theny land	Contributory(Secondary)
10 NAME OF Steer Robuston	(Signed) Orus (Sugardion) Syrs mos cs.
2 11 BIRTHPLACE OF FATHER (State or country)	State the Display Comments
12 MAIDEN NAME OF MOTHER MINTER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted.
Marti In.	If not at place of death?
Informant)	usual residence
(Address) Stalect pt	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 F. 15 3 J. 76 0 1.	29 UNDERTAKER ADDRESS ADDRESS
Filed 10, 1910 TREGISTRAR	John & Pradvin Poulio my
If more blanks are needed, address State Registrat	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second (a) Spinner, statement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation bas Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal feeningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Powoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measics (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for

1751 STATE OF MARYLAND PLACE OF DEATH, Very state CERTIFICATE OF DEATH should OCCUPATION Registration Dist. No [If death occurred in PHYSICIANS St.;....Ward) a hospital or institution. RECORD give its NAME instead Ludian of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, PERMAN widowed, Market of Ordiverces (Write the word) (Month) - (Day) I HEREBY CERTIFY, That I attended deceased from Exact 5 DATE OF BIRTH classified. (Year) 4 (Month) (Day) 0 pe 7 AGE If LESS than and that death occurred on the date stated above, at/2-30 O. m. 1 day hrs. The CAUSE OF DEATH * was as follows: OR mio. ? properly BOCCUPATION (a) Frade, profession, or particular kind of work supplied. (b) Geograf nature of Industry, À business, or establishment in may which employed (or employer) Contributory. certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF (Signed) FATHER 80 10 pe LosoIns back 11 BIRTHPLACE terms, OF FATHER (State or country) pinous AREN *State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE 1 At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos, ds. EATH Where was disease contracted. If not at place of death?. 50 A Former or Item OF usual residence. mportant. Every It DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

hayard Anna Com

BINDING SERVED ARGIN

SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT B cla properly AGI supplied. pe UNFADING may that 20 10 back terms, plain Instructions ٩ DEATH WRIT Every Item CAUSE OF Important. m z

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No Ilt death occurred in a hospital or Institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. COLOROR RACE MARRIED WIDOWED. Month) (Day) Write the word) HEREBY CERTIFY. That I attended decessed from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated shove, st. 1 day,.....hrs. The CAUSE OF DEATH* was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country of death yrs. mos. State yrs. _ Where was disease contracted. If not at piace of death? Former or usual residence DATE OF BURIAL 15 UNDEATAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition." "Maras ample: Mcastes (disease causing death), 29 ds.: cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. childbirth or miscarriage, as "Purreeral scptichaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. nant ncoplasms); Mcasles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

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Guiden tone

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	PLACE OF DEATH 1753	STATE OF MAR	YLAND
	ounty Baltimore (43	CERTIFICATE OF	DEATH
	ounty	Registration Dist	No. 40.
V	"Hage or City Saint agnes (No Yaspi		[If death occurred in a hospital or Institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5		16 DATE OF DEATH	. ,
3	Temale White (Write the word)	(Month)	(Day) (Year)
6 p	ATE OF BIRTH	17 I HEREBY CERTIFY, That I a Jan. 28 1913, to 28	Le 191 3.
	Movember 19, 1856 (Month) (Day) (Year)	that I last saw h !! alive on ? el-	
7 A		and that death occurred on the date stated a	bove, at 12.30 / m,
	56 yrs 2 mos 18 ds. or mlo.?	The CAUSE OF DEATH * was as followa:	41.4
	CCUPATION	I mitastaass Ita lu	ass. Di
(a) Frade, profession, or reflective kind of work Drauseurfe	South Killed & North Own Bedding II I	igs & liver
(B)	Geoeral nature of industry, since some since some some since some	(Duration)	
Wh	ich employed (or employer)	0-11 1	yrs. mos. ds.
(S	IRTHPLACE State or country) Mary land	(Secondary)	yrs mos 1 ff ds.
	10 NAME OF Stenry Buschman	(Signed) Henry S. Lo	, M. B.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Germany	*State the DISEASE CAUSING DEATH, or	gnes Stogs
PARE	12 MAIDEN NAME OF MOTHER Mary Van Sinden ber	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN	(2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country) Germany	At place in the ot death yrs mos,	yrs, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted,	
(interment) Jahn Schafer		Former or usual residence 503 M. Lee	St
	(Address) 503 W. See St		PATE OF BURIAL
15		Landen Park, M.	uknome, 191
Fi	led Lib 6, 1913 Lev as word	on the state of	DDRESS
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[Approved by U. S. Census and American Public Health
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(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. The tion is very important, so that the relative mealthfulit should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (0)

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ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPIRAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malk by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or ample: Measles (disease causing oma. Sarcoma. etc., of ... which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile," etc.), "Dropsy," terminal conditions, such as "As-(name origin; "Candeath), 29 ds.; "Exhaustion," Examples: FOT VIO-

STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPATION Registered No. fit death occurred in PHYSICIANS a hospital or Institution. RECORD give its NAME Instead of street and nomber.] * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED WIDOWED! (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Year (Month) (Day) 0 TAGE If LESS than and that death occurred on the date stated above, at _____ 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 property BOCCUPATION AGI (a) Trade, profession, or INK particular kind of work (b) General nature of Industry, supplied pe DING business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER (Signed) of WITH 11 BIRTHPLACE .3. (Address) ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions information plai 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. mos. DEATH State yrs, ____ mes, Where was disease contracted. WRITE If not at place of death?. 0 Former or OF Item usual residence. mportant. CAUSE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 20 ONDERTAKER ADORESE If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH	STATE OF MARYLAND
2 1755	CERTIFICATE OF DEATH
County Aucumore	-01
	Registered No.
Village or City Sunnylrook (No.	39 [It death occurred in
Village or City MMM/NOOK (No	a hospital or lostitution,
	give its NAME lostead
* FULL NAME Mary Hatherin	et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
windson make	(Month) (Day) (Year)
Temale White (Write the word)	
8 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	Celules, 1908, to 1914 7 , 1913,
(Month) (Dsy) (Year)	that I last saw h. fr. alive on Feb 19 1913
⁷ AGE If LESS than	11 1.
t dayhrs.	and that death occurred on the date stated above, at 11.00 m.
4 7 yrs. 3 mos. 28 ds. OR min.?	The CAUSE OF DEATH * was as follows:
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(a) Trada protección ar	Meusesthena
particular kind of work Conservork	
(b) Genaral nature of Industry,	1
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Gontributory
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10 NAME OF PATHER	(Signed) Jaune
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11 BIRTHPLACE OF FATHER (State or country) Services 12 Maiden NAME OF MOTHER OF MOTHER 11 BIRTHPLACE (State or country) Services 12 Maiden NAME OF MOTHER OF MOTHER	, 191 (Address) Thornes (Ma)
Z (State or country) Terranue	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF 12 MAIDEN NAME A	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Munie M. Tilich	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS!
OF MOTHER (State or country) Sermanu	at place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE PTRUE TO THE BEST OF MX KNOWLEDGE	Where was disease contracted.
0 . 6 /1)	It not at place of death?
Informant, Carrie B. Davies,	Former or usual residence.
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(Address) Thomas ma	
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	Iten	M	tant.
	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yes	Important. See Instructions on back of certificate.
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... Ilf death occurred in St :-----Ward) a hospital or Institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) Write the word Sing I HEREBY CERTIFY, That Lattended deceased from 6 DATE OF BIRTH (Day (Year) If LESS than 7 AGE and that death occurred on the date stated above, at, 1 dayhrs. OR min. ? 8 OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) OF FATHER (State or country) EN *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. 2/ __ ds. State yrs, mos. ds. Where was disease contracted. MY KNOWLEDGE If oot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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If death occurred in a hospital or Institution.

give its NAME Instead of street and number.]

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If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
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1758 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav) (Year) Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Year) (Day) it LESS Ihan 7 AGE and that death occurred on the date stated above, at t day. hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). causing peater, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer—('oal mine, etc. Women at home, who are engaged in the material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or indust j; and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomia," "TUERFERAL peritonitis," etc. childbirth or miscarriage. as "Purremeal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Deblity" ("Concause of death approved by Committee on Nomencia sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as -Hart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Okronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," 'Uraemia," "Weakness," (Recommendations on statement of may be stated under the head (secondary or intercurrent , "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

N. B.

Co	Balto	STATE OF MARYLAND CERTIFICATE OF DEATH
Vi	ilage or City Highlandtown (No. 3926	Eastern are. Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE. 70	rale White (Write the word) August 8, 1882	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 26, 191.2, to 21, 191.3, that I last saw h. 42, allye on 26, 26, 21, 21, 31, 31, 31, 31, 31, 31, 31, 31, 31, 3
7 AG	4 day bre	and that death occurred on the date stated above, at 3:300 m.
(a) part (b) busin	30 yrs. 5 mos. 25 ds. OR. min.? Trade, protession, or icular kind of work. General nature of industry, ness, or establishment in the employed (or employer)	The CAUSE OF DEATH* was as follows: Julius Lang + Joint Julien (Duration) 3 yrs. mos. ds.
9 BII	RTHPLACE ate or country) Maryland,	Contributory (Secondary) (Duration) yrs mos ds.
RENTS	10 NAME OF James T. Simpson 11 SIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME () 12 MAIDEN NAME ()	(Signed)
147	of Mother Dorothea 6. Rolle 13 BIRTHPLACE OF MOTHER (State or country) Maryland, HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Mother	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence.
15 C	(Address) 3926 Eastern are,	19 PLACE OF BURIAL OR REMOVAL Trinity Cemetery Feb. 5. 1913 20 UNDERTAKER Birkler 1739 E. Eager St.
	If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "I borer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons

Statement of cause of death—Name, first, the piberable cause no death—Name, first, the piberable cause of death—Name, first, the piberable cause to thime and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

genitai," cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis." etc. childbirth or miscarriage, as "Purreral scotichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples: 01

PERMANENT BINDING 4 <u>s</u> FOR UNFADING INK-THIS RESERVED WITH MARGIN PLAINLY,

> No. 202

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PHYSICIANS should of OCCUPATION is

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RECORD

1760 PLACE OF DEATH County PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, Widow WIDOWED, Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE it LESS than 1 day,hrs. OR min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in June which employed (or employer) certificate. State or country) 10 NAME OF FATHER 0 on back PARENTS OF FATHER (State or country) of information should the DEATH is plain terms, See instructions on back 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE ABOVE IS CAUSE OF I (Address 15 REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number. 1

MEDICAL	CERTIFICATE C	OF DEATH	
16 DATE OF DEATH	First.	197	4, 1915 (Year)
17 I HERERY	CERTIFY, That		()
	12 to FEE		, 1913
that I isst saw h all	ve on Jeb	- 10	1913
and that death occurred o	n the date state	d above, at	laa.
The CAUSE OF DEATH*			
Orter		2	
- JULLIN	10 xec	ersi)
***************************************		***************************************	
	(0 11)	3	
	(Duration)	3 yrs	mos
Contributory Cere	bral Ha	ement	age
Leconostvi			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Duration)	yrs.	mos. 1/3 %
(Signed) (Signed) (1915) (A	1 Clas	- : 006	7
(SIGNEU)	1000		, M.
19 19 1913 (1	Address)	70 PM	
*State the Drawer Co	DRING DRING	In Books	
*State the DISEASE CA CAUSES, state (1) MEAN	S OF INJURY: ar	, In deaths fro	M VIOLENT
TAL, SUICIDAL, OF HOMIC	SIDAL.	,	- ACCIDEN
18 LENGTH OF RESIDENCE	E FOR HOSPITALS	, INSTITUTIONS	TRANSIENT
OR RECENT RESIDENTS)			
of death yrs mos.	In the	vre	mac
Where was disease contracted.	Jiaic .	J10,	mus, (
if not at place of death?		000011000000000000000000000000000000000	*****
Former or			
usual residence		******************************	000000000000000000000000000000000000000
19 PLACE OF BURIAL OR	REMOVAL	DATE OF B	URIAL
		701	5/
10000	1/ 1 1 1 1		
Sparausson	a cemito	any Let	, 191
TO UNDERTAKER	Demis &	ADDRESS	, 191

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('cal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid denumonia"); Lobar pacumonia; Bronchopacumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childhirth or miscarriage, as "Purreman scotichacmus," "Old Age," "Shock," "Traemia," "Weakness," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Sarcoma, etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SPARROWS PULLI

G. C. M.CORMICK. M.

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RECORD PERMANENT EXACTLY. stated 4 pe pinous THIS ш ESERVED XX supplied. UNFADING MARGIN WITH bluoda PLAINLY piain information 5 DEATH jo Item OF

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1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS Exact statement -16 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Write the work with 6 DATE OF BIRTH an the classified. (Month) (Day) (Year) If LESS than TAGE ane 1 day,hrs. Th OR min. ? properly 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, pe business, or establishment lo that it may certificate. which employed (or employer) 9 BIRTHPLACE (State or country) carefully o 10 NAME OF FATHER jo OF FATHER (State or country PARENTS back no 12 MAIDEN NAME See instructions 18 13 BIRTHPLACE At OF MOTHER (State or country of 14 THE ABOVE IS TRUE TO :0 11 For USI Important. 19 Every its (Address) 15 20 B REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH
Registered Nov. 1. G
St; Ward) [If death occurred lo e hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH TUTO (Month) (Day) (Year)
HEREBY CERTIFY, That I attended deceased from 1909, to Fish, 21, 1913, at I last saw ham allow on Tick, 17th, 1913.
d that death occurred on the date stated abovo, at 10,30 4m,
e CAUSE OF DEATH * was as follows:
Puberculoses
Gentributory Tubercules (Secondary)
ened) William Studies, M. O.
26.21, 1913 (Address) While Hall Mid
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) place in the death yrs, mos, ds. State yrs, mos, ds. ere was disease contracted, not at place of death?
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Met liberty 71et, I.4, 1913
Markley Non White Hall and

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. mine, etc. Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tubcrculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronical oma. Sarcoma. etc., of ... by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Candeath), 29 ds.;

PLACE OF DEATH 1762 County Balte	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Panassotomy Roll 2 FULL NAME Somelia & Si	Registered No. 2 Yn St.; Ward) [If denth occurred in a hospitel or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE MARRIED, MIDOWED, WIDOWED, WIDOWED, WOODINGEO (Write the word)	16 DATE OF DEATH Solution (Month) (Day) (Year) 1.7 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw her alive on Feb lot 1913.
7 AGE II LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9-a m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of Industry, business, or establishmeof to which employed (or employer)	(Duration) / yrs. mos. os.
9 BIRTHPLACE (State or country)	Gentributory (Secondary) (Duration) yrs. mos. 4s.
10 NAME OF MOVIE BUKLY 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) In E Marting, M. D.
OF MOTHER COLO MUTLY 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) & Comfield	If not at place of death? Former or usual residence
(Address) A Q WW	Marin Cemely Feb 4, 191?
Filed Left, 3. 191 3. Asmy a - Maylor REGISTRAR	20 UNDERTAKER HOLL HORESS FEMAL WILL

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

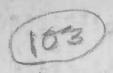
statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tubereulosis of lungs, meninges, pertionaeum, etc.. Carcin-

"Contributory." sepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal schitchaeetc., when a definite disease can be ascertained as the ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. - For viomia," "PUEBPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-

XACTLY. PHYSICIANS should state statement of OCCUPATION is very Co stated EXACTLY. properly classified. should be AGE of information si DEATH in plain See instructions of in plain -Every item CAUSE OF important. S 0 ż

1 PLACE OF DEATH	1763
ounty Baltourne	******
Steroor	med .



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Jarres Dla	nlor
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ottale White (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That y attended deceased from
B DATE OF BIRTH Mot / Survey (Month) (Day) (Year)	that I last saw h Mes. alive on 7184, 1802 1913.
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at \$200 m. The CAUSE OF DEATH* was as lollowa:
BOCCUPATION (a) Trade, protession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer) Fansace Labor.	Contributory And Marchael (Secondary)
9 BIRTHPLACE (State or country) Ireland. 10 NAME OF FATHER Thomas Stanton 11 BIRTHPLACE OF STATES	(Signed) (Signed) , M. D. Tiller, 1913. (Address)
Z OF FATHER (State or country) Julianicol. 12 Main Monther March 12 Main Monther March 12 Main Monther March 12 Main March 14 Ma	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) I relow d.	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted.
(Informant). Mrs selece for dees	it not at place of death? Former or usual residence
(Address) Reclera F. (1) Balla Co.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Joseph Jeyas Co Jeb 1844, 1913 20 UNDERTAKER ADDRESS
Filed 1913 REGISTRAR REGISTRAR If more blanks are needed, address State Regis trar, 6	John Burns Sores Jornson Rya

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; the nature of the husiness or industy; and therefore an Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthful-(a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Isame, first, the disease causing death—isame affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal scotichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary). 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) "Old Age," "Shock," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may he stated under the head "Taemia," "Weakness," (name origin; "Can State cause for Examples:

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N. B.

XACTLY. PHYSICIANS should state statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. Exact classified. 4 should be UNFADING INK-THIS properly AGE carefully supplied. may WITH terms, pinous WRITE PLAINLY, of information sharpers of DEATH in plain t CAUSE OF I

certificate. on back of

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Village or City Want Park (No. 2 PULL NAME Still Buth	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) Fretus Steffers Steffers State of Maryland [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH FUL- 6 , 1913 (Month) (Day) (Year)	that I last saw h
Bon dead 1 day, hrs. yrs ds ds or min. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER Stephens 11 BIRTHPLACE OF FATHER (State of country) allegancy Co Mul.	(Signed) M. J. Duration yrs mos ds. (Signed) M. D. M. D. JULY D. 191 3 (Address) Notarus Paux Mus
11 BIRTHPLACE OF FATHER OF FATHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A Character Control of the Control	Where was disease contracted, It not at place of death? Former or usual residence
Filed John 6 1913 M. John REGISTERS	PLACE OF BURIA OR REMOVAL PLUMATURE AND AUGUST ADDRESS ADDRESS NO PLUMATURE ADDRESS NO

If more blanks are needed address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

genital," such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Publicant septichae mus," "Old Age," "Shock," "Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 da.: nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never reporis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:

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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.Ward) PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4.COLOR OR BACE 3 SEX MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) HEGEBY CERTIFY, That I attended deceased from SDATE OF BIRTH (Month) (Day) If LESS than 7 AGE 1 day, hrs. The CAUSE OF DEATH * was as follows: ...min. ? BOCCUPATION (a) Trade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER of death yrs, mos, ... State yrs, ____ Where was disease contracted. if not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 15

It death occurred in

a hospital or Institution,

give its NAME instead of street and number.]

(Day)

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative bealthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart discase; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned sucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-For VIO-

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PLAC	E OF DEATH	1766	Part Ballion	A STATE OF THE STA	TE OF MAR	
County Da	Chron			CERTI	FICATE OF	2.7
	1-11	, ,	moun	The state of the s	Registered	No
Village or City	Luther NAME Las	will (N	Beale	Telbott	St;Ward)	[If death occurred a hospital or instituti give its NAME Inste of street and number.
PERSON	AL AND STATISTIC	AL PARTICULA	RS	MEDICAL C	ERTIFICATE OF	EATH
3 SEX	4 COLOR OR RACE	SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word		16 DATE OF DEATH	(Month)	(Day) (Year)
S DATE OF BIRTH	Oct	8	,1841	7786 77 194	3. to 7/26	tended deceased from
	(Month)	(Day)	(Year)	that I last saw h alive	on 7/200	1913
7 AGE	71 yrs. 1	mos,ds.	if LESS than 1 day,hrs. ORmin.?	and that death occurred on The GAUSE OF DEATH * W		ove, at 1230 pm
(b) General nature of it business, or establish which employed (or employed (or employed (or employed)) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLAC (State or country) 12 MAIDEN NAME OF MOTHER	Maryland	Ind b. bock	ey	Contributory (Secondary) (Signed) (Signed) *State the DISEASE CAUS:	(Duration)	yrs
12 MAIDEN NA OF MOTHE OF MOTHES (State or coul	Manjo	2. E. Bur.	sidide	*State the DISEASE CAUS: CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICID 18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place	(FOR HOBPITALS, INS	TITUTIONS, TRANSIENTS
	BUE TO THE BEST	OF MY KNOWL	FDGE	of death yrs, mos,		yrs mos ds.
(Address) (Addre	1913 & B	R Bu	wy A	10	md 7	ATE OF BURIAN

STORY.

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) been changed or given up on account of the disease mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing frath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A Bers

N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 1767	STATE OF MARYLAND
County Country	CERTIFICATE OF DEATH
Village or City Sparrous Pt (No. 80) * FULL NAME Sarah Pihou	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCEO (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH Chall 12 181	
4/ yrs 9 mos 29 ds OR min	The CAUSE OF DEATHA was as follows:
(a) Trade, profession, or particular kind of work. (b) Genoral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Char Merimonia (Secondary) (Dureflon) × yrs. × mos. 2 ds (Dureflon) × yrs. × mos. 2 ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (), 191 3 (Address) 248 80 Third State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
interment, Ella Deal (Tister)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:

-(a) Spinner, (b) Cotton mill; (a) Salesman, (b)

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or misearriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measics (disease causing death), 29 de.; ture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerferal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio eer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (secondary or intercurrent) (name origin; "Can The nature of the Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

G. C. McCORMICK, M.D.

SPARROWS POTET

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH 1768	STATE OF MARYLAND
B. A.	CERTIFICATE OF DEATH
County Dallings	Registered No. 40
	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Mary Cornie	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVDRCED	16 DATE OF DEATH (Month) (Day) (Year)
Timala whill (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH Ocf- 2, 1917	only Saux, 191herro after death, 191.
(Month) (Day) (Year)	that I last saw h DT allve on 191
7 AGE If LESS than 1 day,hrs. G	and that death occurred on the date stated above, at
BOCCUPATION	I del sur and as in The verelos
(a) Trade, protession, or particular kind of work	
(b) General nature of industry,	all the
business, or establishment in which employed (or employer)	(Ouration) yrs. mos ds.
9 BIRTHPLACE	Contributory
(State or country) Glen are mid	(Secondary) all to orfe -
10 NAME OF FATHER INTO Stew How how	(Signed) L, H, H, J, L, L, MO.
O 11 BIRTHPLACE	7. 86-19, 1913 (Address) Told ned-
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Comma Col	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE
13 BIRTHPLACE OF MOTHER (State or country) Balls C, Mal-	At place in the ot death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Commathaufistal	Former or usual residence
(Address). Then arus Ing	Tand M. E. Come les 191.3
Filed Febr 19, 1913 L. F. Ayorsuch	20 UN DERTAKER ADDRESS
REGISTRAR	The state of the s

[Approved by L. S. Census and American Public Health Association.]

Enlaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the bisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. vaivular heart disease; Chronic interstitial nephritis. nant neopiasms); Mcastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Can-

A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

W. B. No.

C V	Ounty Balton Coma. What or City Met Hope Remains. Mr.	CERTIFICATE OF DEATH Registration Dist. No. 32 Hore No. 32 [It death occurred is a hospital or institution give its NAME losteau of street and nomber.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Lale While Single, Married - While Orgivereze (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	1912, to 7.4. 184. 1913 that I last saw hele alive on 7.4. 17 1913
7 A		and that death occurred on the date stated above, at 5 m The CAUSE OF DEATH* was as follows:
(b) bus wh) Frade, profession, or Motorman ricular kind of work	Contributory & Convulsion yrs 9 mos 0 ds (Secondary) (Obration) yrs 0 mos 2 ds
TS	10 NAME OF William Thompson	(Signed) Frank & Flanning, M. D. 7.6184, 1913. (Address) Met Stope Red.
PARENT	12 MAIDEN NAME OF MOTHER Margaret Buske 13 BIRTHPLACE OF MOTHER MARGARET STATES 15 BIRTHPLACE OF MOTHER SMALL	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. 4 mos. 9 ds. State yrs. 5 mos. 6 ds.
	(Informant) Record Int Stoke Retrial	Where was disease contracted, It was yorke city Former or usual residence
16 Fil	(Address) Mt Stone ma- led Murch 3/, 1913 Hawy a maylor REGISTRAR	19 PLACE OF BURIAL OR REMOVAL ATTU GUNERAL BORNER 20 UNDERTAKER Balling ADDRESS Balling Ind
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1769

1 PLACE OF DEATH

STATE OF MARYLAND EATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) "Contributory." scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1918
BUREAU, V.S.

YSICIANS should OCCUPATION IS PHYSICIANS RECORD of statement PERMANENT EXACTLY. Exact stated properly classified. d should be IS THIS AGE INK carefully supplied. that it may be UNFADING certificate. 80 jo WITH pe on back terms, of information should PLAINLY, DEATH in plain See Instructions WRITE Every Item CAUSE OF important.

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state Very

PLACE OF DEATH 1770 Registration Dist. PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) 6 DATE OF BIRTH (Month) (Day) TAGE If LESS than 1 day,....hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE
OF MOTHER
(State or country) 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH
Dodistration	Dist	N. 31

fit death occurred in

inuls st.; ward)	a hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF D	EATH
18 DATE OF DEATH FEL	122, 1918
(Month) 17 I HEREBY CERTIFY, That I att	(Day) (Year)
Pac 10 11, 1912, to Josh	122 , 1913 ,
that I last saw her allve on Jish	11-6,1913.
and that death occurred on the date stated abo	ove, at // a m,
The CAUSE OF DEATH * was as follows:	
Hamplegia	
·	
***************************************	**************************************
(Duration)	rs. 2 mes ds.
Contributory Autualities (Secondary)	heplanti
	/rsds.
(Signed) Q. C. Su	wich NO
Jel 127, 1919 (Address) 1 7's	
*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, or HOMICIDAL.	eaths from VIOLENT) whether ACCIDEN-
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS,
At place in the	
of death yrs mos ds. State Where was disease contracted,	yrs ds.
If not at place of death?	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	TE OF BURIAL
ut Chvit Conetery Bosym F	le 14 , 191 3
UNDERTAKER	DRESS
Mrs. andrew Ruhdertsen 7	30 Penn ac Am

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day-laborer, Farm laborer, Laborer Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purepreal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as "A art failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neopiasms); Meastes; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ___ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN T. S. No. 1.

Go	ounty Batto	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 33
v	illage or City Glyndon (No. /	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male white (Write the word)	16 DATE OF DEATH 7 J
60	ATE OF BIRTH June 5 , 1842 (Month) (Day) (Year)	736 13 1913 to 736 13 1913 that I last saw him alive on 746 13 1913
TAG	70 yrs. 5 mos. 5 ds. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as lollows:
(a) par (b) busi whi	CCUPATION Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in ch employed (or employer) Batto (Co., M. Q.	Contributory artain Schemises (Secondary) Contributory (Duration) Contributory (Secondary) Clear (Duration) Contributory (Secondary) Contributory (Duration) Contributory (Secondary) Contributory (Secondary)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME OF FATHER (State or country) OF FATHER (State or country)	(Signed) Parting , M. D. Political (Address) Parting Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.
13	13 BIRTHPLACE OF MOTHER (State or country) Batto (o Md	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
141	Informant) Ida y Tracey	Where was disease contracted, if oot at piace of death? Former or usual residence.
16	ed Feb. 15, 181.3 17 UNSELLE REGISTRAR If more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL LEISTENTON MC File / 191 3 20 UNDERTAKER ADDRESS RUSTUSTON

[Approved by U. S. Census and American Public Health Association.]

Vinaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. "statement. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not minc, etc. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laboser," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., such. If impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asampic: Meastes (disease causing affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of _ cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. thenia." "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis is icss definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 Examples: For vio-

S. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 1772	STATE OF MARYLAND			
Rolla Con and	CERTIFICATE OF DEATH			
Gounty January La January	Registration Dist, No.			
Village or City Jourson. (No.	St.; Ward) [If death occurred is a hospifal or institution give its NAME instead			
FULL NAME Elgabeth Virg	ima Turnbaugh. of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Put. 19 1913 (Month) (Day) (Year)			
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from			
Coop 5- ,19/4	that I last saw here a slive on Plus 12 1913			
(Month) (Day) (Year) 7 AGE If LESS that				
1 day,hrs	and that death occurred on the date stated above, at 7			
yrsds. ORmin.?	acut Infantile Paralysis			
(a) Trade, profession, or				
particular kind of work	.			
(b) General nature of Industry, business, or establishment in	(Duration) 24 Louis ds			
which employed (or employer)	Contributory acest Onfantile Paraboxis			
(State or country) Balls G. Q. Quid.	(Secondary) Z4 Lourse (Ouration) yrs mos ds			
10 NAME OF PATHER COLLECT Tunn frugle	(Signed) Jo Granton Green , M. D.			
O 11 BIRTHPLACE	Tach (1), 1913. (Address) Lowers mt.			
OFFATHER (State or country) Cocksay wells Balls Ce	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
of MOTHER CHUMA. C. Wolf.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
13 BIRTHPLACE OF MOTHER (State or country) Sarcal Pain Ralls Ca	OR RECENT RESIDENTS) At place in the of death yrs			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?			
(Interment) albeit Turistangh.	Former or usual residence.			
(Address) Towon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(ADDITESS)	- Fair Vein Guyes Feb. 194 1913			
Filed Fold 18 181 3 Clayed Jane	20 UN DERTAKER ADDRESS			
If more blanks are needed address State Double trees	6 D Franklin St. Palta Barrothe F. C. V.			
If more blanks are needed, address State Regis trar, 6 M. Franklin St., Belto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health
Association.]

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S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH N.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 St; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF PEATH
16 DATE OF DEATH STREET (Morth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from the street of the
and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: (Duration) WES. 100
(Secondary)
(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Sig
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Where was disease contracted, if not at place of death? Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

[Approved by L. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum,

ample: Measles (disease causing death), 29 ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg cause of death approved by Committee on Nomencia. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asnant neoplasms); Meusles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

G. C. M.CORMICK, M.D.

SPARROWS POINT

SHA

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT S. No. 1. N. B.

BINDING

RESERVED FOR

MARGIN

1 PLACE OF DEATH	STATE OF MARYLAND
County Brito. 1774	CERTIFICATE OF DEATH Registered No. 421
Village or City Calabar No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME than Jufferson	Wade of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May Hute Saingle, MARRIED, MIDDINGRED (Write the word)	16 DATE OF DEATH 2 7 , 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hence allve on Decay 7 1915 3
7 AGE If LESS than 1 day, hrs. OR. min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry.	Toryth Trining of Dropsy
business, or establishment in which employed (or employer)	Contributory Ex hour from
(State or country) Salto C.	(Secondary) (Puration) yrs. mos. 3 ds.
10 NAME OF 9 FATHER MANUEL Water	(Signed) 163 Hall , M D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Blakary ley	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 SIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant Och The BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence
(Address batethorpe Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb. 8, 1913 REDISTRAR	20 UNDERTAKER COOR BOOKES
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the bousehold only (not paid Housekeepers mine, etc. Acation, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nectbe nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., "Contributory." (Recommendations on statement of by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as wbich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the

PLACE OF DEATH 1775	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registered No.36
Village or City To lite Hall My	arefand. St; Ward) [It death occurred a hospital or institution give its NAME inste
* FULL NAME Latherine Cligar	beth mag her of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) Reserved.	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Year)	January 30 1919 10 February 16 1913
7 AGE If LESS than t day, hrs. OR min. ?	and that death occurred on the date stated above at
SOCCUPATION (a) Trada, profession, or particular kind of work	Seft Henrifagea
(b) General nature of industry, business, or establishment to which ampioyed (or amployar) BIRTHPLACE	Contributory (Secondary)
State or country) Germany	(Secondary) (Duration) o yrs mos & d
10 NAME OF John Weissing.	(Signed) (Signed), M. D
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother America Maria Maria	CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs. mos. ds
(Informant) Whad Tray her	Where wes disease contracted, If not at place of death? Former or usual residence.
(Address) While Hall had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL The late of the late
Filed Jel- 17, 1913 Elle Hell REGISTRAR	20 UNDERTAKER ADDRESS
if more blanks are needed, address State Registrar, 6	E. Franklin St., Balton, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalistics of lungs, peritonaeum, etc..

mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... Bronehopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malla Always qualify ail diseases resulting from "Senile," etc.), (Recommendations on statement of or HOMICIDAL, or as probably "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR V. S. No. 1.

PLACE OF DEATH 1776	CERTIFICATE OF DEATH
County Balls arrore	27
Village or City Cheshruf-Ridge	Registered No
FULL NAME William . H.	Wand of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Orale white 5 single, Married, Widowed, Oralivorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH OUG / (Month) (Day) (Year)	2005 15.7 1012 10 200 30 1013
7 AGE If LESS that f day,	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Germany	(Buration) yrs. mos. ds Contributory Particle (Secondary) Lo 244/Cury (Duration) yrs. mos. ds
OF STATHER COLPT. Mand. 11 BIRTHELACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	(Signed), M. D.
of MOTHER of Enous. 13 BIRTHPLACE OF MOTHER (State or country) Genyany.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place In the of death
(Informant) Illa lane M. Jick (Address) Coclacys will R. J. D.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND
Filed Jel 5 1913 B, R. Beusen M. REGINAR If more blanks are needed, address State Registrar, of	20 UNDERTÂKER ADDRESS JOHN BALLES SOM JOHN JOHN

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) material worked on may form part of the second statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Lahorer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (g. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as chiidbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal condition, such as "Asample: Meastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 Ts. Never report affection need not be stated unless Amportant. valvular heart disease; Chronic interstitial nephritic nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or Always qualify aii diseases resulting from (Recommendations on statement of (name origin; "Canintercurrent) Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Highlandtonn (No. 34,	Registration Dist. No. [It death eccurred in a hospital or iostitulion give its NAME losteau et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Single WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
Lec 8 - ,1912	that I last saw h win alive on Feb. 5
(Month) (Day) (Year) 7 AGE It LESS than day,hrs. ORmin. ?	and that death occurred on the date stated above, at. 3 m. The CAUSE OF DEATH* was as follows:
e occupation (a) Frade, profession, or particular kind of work	Cynosia steat & haustion
(b) General nature of Industry, business, or establishment in which employed (or employer) Pairthplace (State or country) 10 NAME OF FATHER M. Maters 11 BIRTHPLACE	(Signed) Jar. L. Gruar M. S. M. B. (Signed) Jar. L. Gruar M. C. M. B. (Signed) Jar. L. Gruar M. C. M. B. (Signed) Jar. L. Gruar M. C. M. B.
12 MAIDEN NAME OF MOTHER COMMA SLESSE 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER COMMA SLESSE 15 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
Interment) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Interment) 91/27 B	Where was disease contracted, It oot at place of death? Former or usual residence.
Filed 300 4 1913 CLE Die Clausher Recistratelle II more blanks are needed, address State Registra	20 UNDERTAKEN LESSON DILLAR DATE OF BURIAL 20 UNDERTAKEN ADDRESS 20/6 Chulip Herrory Olleans H. 6. B. E. Franklin St. Balto, Requesting V. S. No. 1

[Approved by U. 8. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-*statement. material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It is primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperral scptichacetc., when a definite disease can be ascertained as the affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDEL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for mus," "Oid Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ______ (name origin; "Can-ver" is iess definite; avoid use of "Tumor" for malig-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Examples:

Filed F 1 3 , 191 3

PLACE OF DEATH 1778	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty daluno M	Registered No. 38.
Village or City Yours (No. S.E.)	Realy Millow Ages Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWEO, ORDIVORCED ORDIVORCED	(Month) (Day) (Year)
GDATE OF BIRTH (Write the word) (Month) (Day) (Year) 7 AGE	17 I HEREBY GERTIFY, That I attended deceased from My 1911, to Feb 13, 1913, that I last saw hear alive on Feb 11, 1913 and that death occurred on the date stated above, at 6 a.m.
TH yrs. The mos. 25 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, prefession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) But Co. NA	Contributory (Secondary) A (Daration) yrs mos disc
10 NAME OF FATHER MM Price	(Signed) Am Corrue , M. D. Heb 13, 1913 (Address) 501 Franku Juran
Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, etate (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Susan Denmest 13 BIRTHPLACE OF MOTHER (State or country) Outline Of Mother	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Paris S. Meler	If not at piace of death? Former or usual residence
(Address) Wallen & Molady the	St Mary Cence 2/15, 1913

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcopers fication, as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causino death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . LENT DEATHS State MEENS OF INJUST and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The contributory tetanus) may be stated under the head of Aiways qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.			state	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAT important. See instructions on back of certificate.			should si Noi	
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WRITE PLAINLY, WITINB.—Every item of information should be CAUSE OF DEATH in plain terms, important. See instructions on back	Z	D H	so the	
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PLACE OF DEATH County Baltimore Village or City Saint agnes Woospital *FULL NAME **TULL NAME
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
Female Africe Spingle, MARRIED, WIDOWED, ORDIVERCED (Write the word) 16 DATE OF DEATH 3 SEX 16 DATE OF DEATH 3 Sex (Month) (Day) (Year OF DEATH) 17 I HEREBY CERTIFY. That I attended deceased
(Month) (Day) (Year) that I last saw her alive on Delman 20, 19
7 AGE If LESS than t day, hrs. OR min.? The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Performance (State or country) Contributory Contributory Contributory Contributory (Secondary) Contributory Contribut
ON NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (Bration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Bration) (Signed) (Signed) (Signed) (Signed) (Address) (A
OF MOTHER Annie Gerhart 13 BIRTHPLACE OF MOTHER (State or country) Germany 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Miss Minnie B Stewart (Intermant) Residence 2/13 Christian St.
(Address) 1321 Broadway 19 PLACE OF BURIAL OR REMOVAL 15 Filed Fell 2 7, 1913 Secretary Registrar 10 UN DERTAKER 20 UN DERTAKER ADDRESS 11 more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfuimine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. mia," "PUEEPERAL peritonitis," etc. State cause for mus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal scottchaeetc., when a definite disease can be ascertained as the "Ant fallure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 er" is iess definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For VIO-

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

G	PLACE OF DEATH 1780	STATE OF MARY CERTIFICATE OF	
		Registration Dist.	No. 3
V	FULL NAME Mary white	St; Ward)	[If death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DI	EATH
3 SI 3 S D	ATE OF BIRTH (Month) (Day) 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOWEN, OR OIVORCEO (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I att 17 15 1913, to 1914 that I last saw hea. alive on Tells.	21, 1913 (Day) (Year) ended deceased from 21, 1913
7 A		and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	0
(a pa (b) bus wh	OCCUPATION) Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in ich employed (or employer) LETHPLACE tate or country) Tracland 10 NAME OF FATHER Mathery Lynch 11 BIRTHPLACE	Contributory (Secondary) (Signed) (Duration) (Duration) (Signed) (Duration) (Address)	Taxa-/h.
PARENT	OF FATHER (State or country) I seland 12 MAIDEN NAME OF MOTHER MANY Wildurg	*State the DISEASE CAUSING DEATH, Or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	eaths from VIOLENT) whether Acciden-
14-	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place in the	yrs, ds
15 FI	(Address) Januarian 18 July 22 1913 B. R. Berner MP Security Ricistran 11 more blanks are needed, indress state Regis trar, 6	20 UNDERTAKER BURNS Sous J	ATE OF BURIAL M. L. 23, 1915 DORESS OWNERS

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, material worked on may form part of the second material. Never return "Laborer," "Foreman." who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia, "unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: 9

8. No. 1r

	ounty		1101		and and	CERTIFICATE O
'		LL NAME W	alter	wh	Trion	St;Ward)
	PERS	ONAL AND STATISTI	CAL PARTICULA	ARS	ME	DICAL CERTIFICATE OF
35	male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WO	ridacon	18 DATE OF DEAT	(Month)
8 0	ATE OF BIF	ATH ACIO	2 <u>b</u>	, 1874 (Year)	Sel 44 that I last saw h	1913 to Set
7 A	GE	39 yrs. /	_mos/ds.	If LESS than t day,hrs.		urred on the date stated
(a pa	CCUPATION) Trade, professi inticular kind of) General nature	on, or Fian. work Fian. e of Industry,	m Har	rd ,		Jegornes
				//		and the same of th
9 B	ich employed (distributed or coun	try) 7.1	Kall	ach	Contributory (Secondary)	
9 B	ich employed (a	try) Thedores	Kalle k co H	ach.	Contributory (Secondary)	(Butation)
ENTS	IRTHPLACE Itate or coun 10 NAME (FATHE 11 BIRTHF OF FA (State or	try) Tredries OF R PLACE THER COUNTRY) LC M	Kalle know know	ach. d	(Signed)	(Burrion) (Address) (Address) (Address) (Address) (Address) (Address)
WIS STN	10 NAME (FATHE OF FATHE OF FATHE OF MC	try) Tredries OF PLACE THER COUNTRY) NAME OTHER LACE	knows	ach.	(Signed) State the DISE CAUSES, state (1) TAL, SUICIDAL, OI 18 LENGTH OF RES OR RECENT RESID At place	(Barrios)
PARENTS STAR	10 NAME (FATHE STATE OF MC	try) Judanes Place THER Country) LCM NAME DTHER LACE THER COUNTRY) LCM LACE THER COUNTRY) LCM	knows	ach en en un LEDGE	(Signed) (Signed) (Signed) State the Dissection of the Causes, state (1 Tal., Suicidal., or Recent Resident of the Cause of the Caus	(Burrion) (Burrion) (Address)
PARENTS STAR	10 NAME (FATHE STATE OF MAIDER OF MA	try) Judanes Place THER Country) LCM NAME DTHER LACE THER COUNTRY) LCM LACE THER COUNTRY) LCM	k nowes k nowes k nowes to of MY KNOW Melmo		(Signed) (Signed) State the DISE CAUSES, state (1 TAL, SUICIDAL, or RECENT RESID At place of death yrs. Where was disease confit not at place of death?	Address) ABBE CAUSING DEATH, or, It MEANS OF INJURY; and HOMICIDAL SIDENCE (FOR HOSPITALS. I ENTS) In the most death, or, It was a seried, and the series of the series

1704

1 DI ACE OF DEATH

STATE OF MARYLAND E OF DEATH

[It death occurred in a hospital or Institution, give its NAME lostead of street and number.]

TE OF DEATH nth) H, or, In deaths from VIOLENT; and (2) whether Acciden-ITALS. INSTITUTIONS, TRANSIENTS. n the State yrs, ____ mos, ... DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted form for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapsc." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... is less definite; avoid use of "Inmor" for mails. The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Never report Examples:

	PLACE OF DEATH 1782	STATE OF MARYLAND
Co	ounty Balto	CERTIFICATE OF DEATH
0,		Registered No. 35
V	illage or City Frellaude (No.	St; Ward) [If death occurred a hospital or institution give its NAME instea
	FULL NAME Famus Curin	A Hellesucces of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
8 D	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw h 22- allve on July 13 rts 1913
AG	GE If LESS than	and that death occurred on the date stated above, st. 430
	4 4 yrs. 1 mos. 1 ds. OR min.?	The CAUSE OF DEATH* was as follows:
3 0 0	CCUPATION	DA Juparalys
(a)	Trade, profession, or	of pardiae + Paginglory ende
	Oeneral nature of Industry,	fullrotom ankes Garda . que
busl	ness, or establishment to	for searfue or reny (buration) a lumar from mos. de
	ch employed (or employer)	Contributory Night Showaler.
(St	RTHPLACE (ate or country) Many ((Secondary)
	10 NAME OF 91 CAT 91 00 0	(Duration) yrs. mos. ds
	FATHER Stew, F. Helbelow.	(Signed) William Joshney M.
TS	11 BIRTHPLACE OF FATHER	14 3 , 191 9 (Address) I rect and full,
ARENTS	(State or country) flaryland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
AR	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
2	Saraw C Jahner	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Marylous	At place In the of death yrs mos ds. State yrs mos ds.
4 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	(Informant) LMBWilliams	If not at place of death?
	Incolored de Tred	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5	(Address) V Peleseum and Management	met Figur Counterned Frety. 16 1913
	ed Ichy 14 1903 fraglish garin	20 UNDERTAKER ADDRESS
File	ed Jely 4 1917 Fraffic Na REGISTRAR	Startewelen Monemoker Bentle In
	of the blanks are needed, address State Registrar, 6 K	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of lifheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and chlidren, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalis ("Croup")

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarrlage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can

BINDING MARGIN RESERVED FOR

S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Sergustons (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.3 [It death occurred is a hospital or institution give its NAME instead of street and number.]
FULL NAME dufant son	L. W. Orllieum of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH 7 Els. 2 3 , 191 3 (Month) (Day) (Year)
DATE OF BIRTH Test. 22, 191 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 721. 22 , 1913 to 721, 23 , 1913 that I last saw h alive on 721, 22 , 1913
Yrs. mos ds. OR min. ?	
COCCUPATION (a) Trade, profession, or particular kind of work	(Ouration) yrs. mos. ds Contributory (Secondary) (Duration) yrs. mos. ds
10 NAME OF FATHER Securit St. Mrs. 11 BIRTHPLACE OF FATHER (State or country) of the Mrs. 12 MAIDEN NAME OF MOTHER OF MOTHER SPEE Welger!	(Signed), 191.3 (Address), M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 10 No Mordinary	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Address) Floquetor	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO J. 74, 1913 20 UNDERTAKER ADDRESS Sylvenile
If more blanks are needed, address State Regis trar,	6 E. Franklin St., Balto., Requesting V. S. No. 1. Corroll Co

[Approved by U. S. Census and American Public Health Association.]

'Grocery; (a) Foreman, (b) Automobile factory. duties of the household only (net paid Housekeepers 'material worked on may form part of the second stittement. Never return "Laborer," "Foreman." additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. . Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should he used only when needed. As examples: the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman, If the occupation has For persons 9

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine définitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purremeal scotichae. cause. mus," "Old Age," "Shock," "Traemia," "Weakness," ample: Meastes (disease causing death), 29 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accident ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 10

MARGIN RESERVED FOR BINDING

pinous OCCUPATION PHYSICIANS RECORD PERMANENT classified. property supplied. pe may 80 90 WITH back terms, pinous in plain Instructions of Inform DEATH PO mportant. Every

1784 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inSt.:.....Ward) a hospital or lostitution. give its NAME lostead of street and number. T Trin) 7 65. W Williams MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE WIDOWED. ORGIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 7 cl. 22 1917 to 7 cl. 23 (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above at 20, m f day 3. hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment In which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF LO- .: o. UU William FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER State or country) yrs, mos, ds. State yrs, mos, ds. Where was disease contracted. If not at place of death?usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15. Filed 7 ch. 24 1913 J Trascer 20 UNDERTAKER ADDRESB. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Matement. Chaterlai worked on may form part of the second S. Orocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscias

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V. B. No. 1.

county Balto	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 33
Village or City Onings Mills (No. 1)	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
* FULL NAME Mary a write	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	16 DATE OF DEATH 7 (Month) 18 (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Date of Birth Dec 21 , 192 ((Month) (Day) (Year)	flan L: , 1913 , to Feb 1824 , 1913. That I last saw has alive on Feb 1/2: , 1913.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3, 25 2 m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	Infirmeter 7 lkgs
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Syrs mos ds.
State or country) Ballo Cety Md	(Secondary) (Ouration) ys mos & ds.
10 NAME OF Jaseph Dauger	(Signed) WHTHEamfibell , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 1. Miles awar	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death?
(Address) Owings mills Md	Former or usual residence
Filed 18 18, 1813 Smilled REGISTRAR	20 UNDERTAKER Bafts and ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples:

Statement of cause of death—Name, first, the dibease caubing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Preumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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County & Sellinine	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 32
Village or OHY Sulleyno.	St; Ward) [It death occurred is a hospital or lostitution give its NAME losteau of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SEX 4 COLOR OR RACE MARRIED, MANUEL MALL MILL WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Filey 14 , 191.3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h m alive on Feley 13, 1913
FOCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, st 10. Q: m The CAUSE OF DEATH* was as follows: Occupy Cobox Precomonia Cost Senser Coloring
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
OF MAIDEN NAME OF COUNTRY OF MOTHER OF MOTHER OF MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MO	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (N. D. Feley / 4, 191.3. (Address) (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place to the ot death yrs, mos, ds. Where was disease contracted,
(Informant) The To THE BEST OF MY KNOWLEDGE	it not at place of death? Former or usual residence.
Filed the 14- 1913 Hury a. Maylor REGISTRAN	19 PLACE OF BURIAL OR REMOVAL LA Thomas 20 UNDERTAKER CO. D. Floods ADDRESS Published La G. B. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

quaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (4) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

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1787 STATE OF MARYLAND state CERTIFICATE OF DEATH should ion is Registration Dist. No OCCUPATION HowRebial fit death occorred to PHYSICIANS a hospital or Institution. RECORD give its NAME lostead of street and nomber. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS RMANENT EXACTLY. 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from Exac tated classified. (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1. 30 should 1 day,hrs. THIS OR min. ? properly BOCCUPATION AGE (a) Frade, profession, or particular kind of work ESERVE (b) Geoeral nature of industry, supplied, wown business, or establishment in ADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) UNF that 10 NAME OF FATHER Jo ARGIN 11 BIRTHPLACE back terms. ENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-LO AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL in plain OF MOTHER instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER DEATH (State or country O yrs, O mos, ds. Where was disease contracted. See Jo OF mportant. ы DATE OF BURIAL Every 15 ADDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

- statement. Grocery; (a) Foreman, (b) Automobile factory. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer it should be used only when needed. the nature of the business or industy; and therefore an been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marassuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowic ver" is less definite; avoid use of "Tumor" for malts oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

VIIIage or City Canton (No. 37/6,	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Or BIRTH S DATE OF BIRTH 4 COLOR OR RACE S SINGLE, MARRIED. Married Widowsto, Or DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 1913. (Month) (Day) (Year) 1 HEREBY CERTIFY. That I attended deceased from
TAGE (Month) (Day) (Year) TAGE It LESS than to day,	that I last saw have alive on of the 2 ft. 1913, and that death occurred on the date stated above, at 1 m, The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Parthelace (State or country) Particular kind of work Particular kind of work	Contributory House (Secondary) (Duration) yrs mos 2 4 ds.
OF FATHER Sylvester St. W. St. State or country) Marian State or country Marian Name of Company of Company of Mother of Company o	(Signed) , M. D. (Signed) , M. D. (State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death?
(Address) 37/6 hoster are (Address) - 191 U. G. Malauahan REGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Baltinger Cometer Heb. 261, 191.5. 20 UNDERYAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

statement. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers material worked on may form part of the second it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Pueneeral peritonitie," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma, etc., of nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (name origin; "Can-For vio-

RECORD PERMANENT DING THIS Z O DIN LNA WITH

STATE OF MARYLAND 1 PLACE OF DEATH 1789 County Bal CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, many WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191 to..... (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at..... 1 day,hrs. The CAUSE OF DEATH * was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 1D NAME OF , 191.3 (Addrass) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. ds EAT Where was disease contracted If not at piace of death? of DE/ usual residence Every Ites CAUSE O Important If more blanks are needed, address Regis trar, 6

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," mnqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turrerral septichae mus," "Old Age," "Shock," 'Traemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla schsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state LEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Ar-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing oma. Sarcoma. etc., of __ ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (secondary "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: or intercurrent State cause for Examples:

MARGIN RESERVED FOR BINDING

OCCUPATION PHYSICIANS RECORD PERMANENT properl GE supplied. O may ADIN 0 back terms. pinous plain instructions = DEATH WRITE 0 CAUSE OF item mportant. m

Very

STATE OF MARYLAND 1 PLACE OF DEATH 1790 CERTIFICATE OF DEATH Registered No. [It death occurred in St: Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Dav) (Month) TAGE If LESS than and that death occurred on the date stated above, st. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration)yrs. which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs. ____ mos. Where was dispase contracted. It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR if more blanks are needed, address State Registrar, 6 . Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Groccry; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiminc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

1 PLACE OF DEATH	STATE OF MARYLAND
County Balto 1791	CERTIFICATE OF DEATH
Village or City Highlandtown (No. 6/4,0	8-Boulds St; Ward) [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIEO, WIOWED,	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from (July 1917), to 1917 that I last saw how alive on 1917
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 8
BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or eslablishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Balto- Eo elld.	Contributory (Secondary)
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Balto. Uld	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Frank Youngbar.	If not at place of death? Former or usual residence
16 Heb. 18.1813 M. M. REGISTRAR &	Satred Heart Einster Tiel 18, 1918. 20 UN DERTAKER Lilly + Geeler 403 D. Moyle St.
If more blanks are needed, address State Registrar, 6	E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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